

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54635

Entity Name: UNIROOF CORPORATION

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

801 WEST STATE ROAD 436
SUITE 2039
ALTAMONTE SPGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

801 WEST STATE ROAD 436
SUITE 2039
ALTAMONTE SPGS, FL 32714

New Mailing Address:

PO BOX 160003
ALTAMONTE SPGS, FL 32716

FEI Number: 59-2920589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KONSTAN, DAVID
801 W. S.R. 436
SUITE 2039
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JABER, KAMAL T
Address: PO BOX 1053
City-St-Zip: SHARJAH, UA

Title: PS () Delete
Name: KONSTAN, DAVID
Address: 801 W HWY 436 STE 2039
City-St-Zip: ALTAMONTE SPGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JABER, KAMAL T
Address: PO BOX 1053
City-St-Zip: SHARJAH, UA UAE

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KONSTAN

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date