

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K54635

Entity Name: UNIROOF CORPORATION

**FILED**  
**Mar 19, 2011**  
**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:**

PO BOX 160003  
ALTAMONTE SPGS, FL 32716

**New Mailing Address:**

PO BOX 160133  
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 PRES  
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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID KONSTAN

PRES

03/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date