2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 18, 2007 8:00 am Secretary of State **DOCUMENT # L06000072170** 04-30-2007 90075 037 ****50.00 1. Entity Name ALPHA INTERNATIONAL ROOF TILE, LLC Principal Place of Business Mailing Address 30008283 3890 WEST FLAGLER STREET 3890 WEST FLAGLER STREET MIAMI, FL 33134 MIAMI, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 CR2E083 (12/06) Cha-LLC City & State City & State 4. FEI Number Applied For 51-0609660 Not Applicable Country Ζiρ Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDUX, MIGUEL Street Address (P.O. Box Number is Not Acceptable) 3890 WEST FLAGLER STREET MIAMI, FL 33134 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent stoneture required when revisitions) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES ā 10 MCR TITLE Oelate TITALE ☐ Change ☐ Addition ANDUX, MIGUEL NAME NAME STREET ADDRESS 3890 WEST FLAGLER STREET STREET ADDRESS MIAMI, FL 33134 CITY-ST-ZIP CITY-ST-7/P TITLE MGR Delete TITLE ☐ Change ■ Addition SERRANO, ROQUE MAME MARCE 3890 WEST FLAGLER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7IP MIAMI, FL 33134 s Delete IITLE ☐ Change ☐ Addition SERRANO ROQUE MALE NAMÉ STREET ADDRESS 3890 WEST FLAGLER STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33134 TITLE ☐ Delete MA S ☐ Change ☐ Addition NAME ANDUX, MIGUEL NAME 3890 WEST FLAGLER STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33134 CITY-ST-ZIP Delete MLE Change IIILE ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 21P ☐ Delete TITLE BBF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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