2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L63444

1. Entity Name
FAJARDO ROOFING CORPORATION

Principal Place of Business	Mailing Address
8425 SW 46 ST MIAMI, FL 33155	8425 SW 46 ST MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0184514	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FAJARDO, JUAN M.
8425 SW 46 ST
MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

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___X_____

Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating] DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000516866
05/01/06-80021-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FAJARDO, JUAN M.
STREET ADDRESS	8425 SW 46 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	DS
NAME	FAJARDO, MARTA
STREET ADDRESS	8425 SW 46 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ JUAN FAJARDO, PRESIDENT   786-242-0414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #