2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P00000017705 1. Entity Name PRP WATERPROOFING, INC.

Principal Place of Business

11767 SO. DIXIE HWY **SUITE #341** PINECREST, FL 33156 Mailing Address 11767 SO. DIXIE HWY SUITE #341 PINECREST, FL 33156

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90420 016 ***150.00

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04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0984046 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JOSE 9335 SW 174 ST MIAMI, FL 33157

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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						
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						
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANOS, MARIA 9335 SW 174 ST MIAMI, FL 33157	e/Decement				
TITLE	P					
NAME	ALVAREZ, JOSE					
STREET ADDRESS	11767 SO. DIXIE HWY #341					
CITY-ST-ZIP	PINECREST, FL 33156					

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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:

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #