2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 03, 2006 8:00 am Secretary of State DOCUMENT # P00000058635 1. Entity Name 03-03-2006 90122 025 \*\*\*150.00 ALL-FLORIDA ROOFING OF BROWARD, INC. Mailing Address Principal Place of Business 4149 WIMBLEDON DRIVE 4149 WIMBLEDON DRIVE --HOLLYWOOD FL-33026 HOLLYWOOD FL-93026 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For 65-0676077 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MASIERO, MARK 4149 WIMBLEDON DRIVE, #-124-COOPER CITY FL-33026 Zin Code 33023 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 farfilliar the obligations of registered agent (NOTE: Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 . Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE " Delete ☐ Addition NAME MASIERO, MARK NAME 6631 SW 26TH COURT 4149 WIMBLEDON DRIVE, # 124 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 Delete TITLE Addition TITLE NAME TAYLOR, DAVID C NAME 4149 WIMBLEDON DRIVE, # 124 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 ☐ Addition TITLE Delete TITLE Change ΝΔΜΕ NAME MASIERO, LINDA w ZETH COURT STREET ADDRESS STREET ADDRESS 4149 WIMBLEDON DRIVE, # 124 CITY-ST-ZIP COOPER CITY FL 33026 CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

ORES

2-11-06 (954) 98/-/278