2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 16, 2007 08:00 Al Secretary of State DOCUMENT # P00000058635 1. Entity Name ALL-FLORIDA ROOFING OF BROWARD, INC. Principal Place of Business Mailing Address 6631 SW 26TH CT HOLLYWOOD FL 33023 6631 SW 26TH CT HOLLYWOOD FL 33023 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0676077 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo MASIERO, MARK Street Address (P.O. Box Number is Not Acceptable) 6631 SW 26TH CT MIRAMAR FL 33023 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) -- -- DA1E FILE NOW!!! FEE IS \$150.00 . 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 465 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. IIILE ☐ Delete TITLE ☐ Change ☐ Addition MASIERO, MARK NAME U000000688327 6631 SW 26TH CT STREET ADDRESS STREET ADDRESS 03/27/07-80023-020 150.00 MIRAMAR FL 33023 CITY - ST - ZYP CITY-ST-ZIP ☐ Delete III TITLE ☐ Change ☐ AddItion TAYLOR, DAVID C NAME 4149 WIMBLEDON DRIVE, # 124 STREET ADDRESS STREET ADDRESS COOPER CITY FL 33026 CITY - ST - ZIP CITY-ST-ZIP ST Delete ☐ Change ☐ Addition TITLE MASIERO, LINDA 6631 SW 26TH CT STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 CITY-ST-ZIP CITY - ST - ZIP ☐ Defete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP IIILE Delete TITLE Change Addition NAME NAMI. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE IIIŒ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos, I further certify that the information indicated on this report or supplemental roport is frue 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 trustoe ompowered 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.

CITY-ST-ZIP

CHY-SI-ZIP

PRESIDENT - 3-10-07 954-981-1278

Date Destroy Phone 3