## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 04, 2005 08:00 AM Secretary of State DOCUMENT # P00000060457 S.A.S. BUILDING MATERIALS INC. Principal Place of Business .... Mailing Address 4231 S.W. 70 COURT 4231 S.W. 70 COURT MIAMI, FL 33155 MIAMI, FL 33155 04112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 65-1040540 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWAIN, GUILLERMO E JR DO NOT WRITE 906 AGUERO AVE CORAL GABLES, FL 33146 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SWAIN, GUILLERMO E STREET ADDRESS 8530 SW 167TH TERRACE CITY-ST-ZIP MIAMI, FL 33157 TITLE D U00000360798 05/05/05-80048-020 150.00 NAME SWAIN, GUILLERMO E JR STREET ADDRESS 906 AGUERO AVE CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 of the receiver or trustee emberywered 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 attachage with an address. With all pluer like empowered.

SIGNATURE:

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

> 6. SWAIN 12 PED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

740,0080

**FILED**