

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 JUN 23 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06102004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000117865		
1. Entity Name AFRICA ROOFING, INC.		

Principal Place of Business 2056 N. DIXIE HWY. FORT LAUDERDALE, FL 33305	Mailing Address 2056 N. DIXIE HWY. FORT LAUDERDALE, FL 33305
--	--

2. Principal Place of Business 76-224 Kealoha Street		3. Mailing Address P. O. Box 4456	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kailua-Kona, HI		City & State Kailua-Kona, HI	
Zip 96740	Country USA	Zip 96745	Country USA

4. FEI Number 65-1091312	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPRACKLEN, NEVILLE 2056 N. DIXIE HWY. FORT LAUDERDALE, FL 33305	
--	--

7. Name and Address of New Registered Agent Name Laraine J. Wight Street Address (P.O. Box Number is Not Acceptable) 800 S. Rio Vista Boulevard City Fort Lauderdale FL Zip Code 33316	
---	--

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 	Laraine J. Wight DATE JUNE 21 ST 2004

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGHT, GARTH <input checked="" type="checkbox"/> Delete 886 AZALEA COURT PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GROBLER, JAN <input type="checkbox"/> Delete C/O SAFARI GROUP INC-2056 N DIXIE HWY FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPRACKLEN, NEVILLE BRIAN <input checked="" type="checkbox"/> Delete C/O SAFARI GROUP INC-2056 N DIXIE HWY FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Robert E. van der Spoel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 76-224 Kealoha Street Kailua-Kona, Hawaii 96740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Jan Grobler <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Plot 22 Old Vereeniging Road, Kip River Randvaal, Gauteng, South Africa
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400038248244 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/24/04--01080--003 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: 	Robert E. van der Spoel 6/11/04 808-960-5152 Date Daytime Phone #