FILED May 29, 2003 8:00 am Secretary of State 05-05-2003 90157 022 ***150.00

S. P. Additional S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name	DOCUMENT# P0100036637 1. Entity Name M & M ROOFING CORP.							55049	(43)	ā .
Sulfa, Apl. #, RIC. CHECK HERE IF MAKING CHANGES City & State City & State A. FEI Number 65-1098611 Applied For Net Applied Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional For Regulated B. Name and Address of Current Registered Agent Name Registered Age	5169 NW 74TH AVE		5169 NW 74TH AVE		+ 14 3 21 11 1			ith usced 1	ritets come nama	
City & State Country Country Country St. Cartificate of Status Desired \$6. Name and Address of Current Registered Agent Name Beautiful City City Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number	2. Principal f	Place of Business	3. Mailing Address							
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
S. Certificate & Status Desired For Required	City & State		City & State			EE-1000E11 H1			plied For at Applicable	
MARTINEZ, SALVADOR 5169 NW 74TH AVE MEDIEY FL 33168 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office in registered agent. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fioritat Department of State 10. OFFICERS AND DIRECTORS ITILE NAME CAM, VIDA S SIRETARORESS CITY-SI-2P MAMI FL 33186 TILE SIGNATURE: SIRETARORESS CITY-SI-2P MAMI FL 33186 TILE SOMMAN FL 33186	Zip	Country	Zip	Country		5. Certificate	of Status Desired		75 Add	litional
5169 NW 74TH AVE MEDLEY FL 33168 City City FL Zip Code 8. The above named entity submits his statement for the purpose of changing its pagistered effice of registered and, or both, in the State of Rorida. I am familiar with, and according to the purpose of changing its pagistered effice of registered and, or both, in the State of Rorida. I am familiar with, and according to the purpose of registered agent. SIGNATURE SIGNATURE SIGNATURE FILE NOW/IN FEE IS 155.00 Make Check Payable to Florida Department of State 10. 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11 INTE. DO CAM, VIDA S SIRET ACCRESS 12416 SW 112 TERRACE MAMM FL 33186 Delete INT. SIRET ACCRESS SIRET ACCR		6. Name and Address of Current F	в	7. Name and Address of New Registered Agent						
MEDLEY FL 33168 3. The above named antity submits this statement for the purpose of changing its eqistered office of registered agent, or bigh, in the State of Florida. I am familiar with, and accept this obligations of registered of present agent and the it aposts one. SIGNATURE: SUBJECT FLUX COLVEY FLUX FLOREST STATE	1 1			Stree	Street Address (P.O. Box Number is Not Acceptable)					- -
8. The above named entity submits this statement for the purpose of changing its registered office in registered gent, or both, in the State of Florida. I am familiar with, and acceled to displations of registerid spent. SIGNATURE:	1		<u> </u>						· ; ·	
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Ffortda Department of State 10. IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME STRET ADDRESS ITILE NAME STRET ADDRESS	SIGNATURE: Salvador Hurtines Off + 430-03									
TITLE NAME CAM, VIDA S STREET ADDRESS CITY-ST-2PP MARTINEZ, SALVADOR STREET ADDRESS CITY-ST-2PP MARTINEZ, SALVADOR STREET ADDRESS CITY-ST-2PP MEDIEY FI- 33166 TITLE NAME STREET ADDRESS CITY-ST-2PP MEDIEY FI- 33166 TITLE NAME STREET ADDRESS CITY-ST-2PP MEDIEY FI- 33166 TITLE NAME STREET ADDRESS CITY-ST-2PP TITLE NAME STREET ADDRESS	After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						st Fuñd Contribution.		Added	to Fees
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MAMIFINEZ, SALVADOR STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD DAVILA, EDGARDO STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33031 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME		,			160					
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NAME NAME	NAME STREET ADORESS		☐ Detete	NAME STREET ADDRES	s			□ CI	range	Addition
STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 or supplemental report is true and accurate and that my signature shall have the same length effect as if made under not the lam on officer or director.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRES CITY-ST-ZIP	<u> </u>			, ,		Addition

of the corporation or the reare and that thy signature shall have the same legal effect as it made under daily, that i art art and incer or director to this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 i

SIGNATURE:

2003 FOR PROFIT CORPORATION