

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90008 044 ***150.00

DOCUMENT # P01000044678 1. Entity Name ROCIO'S ROOFING & REPAIRS, INC.			
Principal Place of Business 5549 N STATE RD 7 FORT LAUDERDALE, FL 33319		Mailing Address 5549 N STATE RD 7 FORT LAUDERDALE, FL 33319	
2. Principal Place of Business 11560 WILES RD		3. Mailing Address 11560 WILES RD	
Suite, Apt. #, etc. STE 2		Suite, Apt. #, etc. STE 2	
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL	
Zip 33071		Zip 33071	
Country		Country	
6. Name and Address of Current Registered Agent NOFIL JOSEPH K PA 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319		7. Name and Address of New Registered Agent Name ROCIO MAGHAN Street Address (P.O. Box Number is Not Acceptable) 11241 NW 34 PL City CORAL SPRINGS FL Zip Code 33065	
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 ROCIO MAGHAN DATE 4/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MAGHAN, ROCIO 11241 NW 34TH PLACE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PHILIPSBORN, JOHN 5356 NW 5TH AVE FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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. ROCIO MAGHAN SIGNATURE: [Signature] PRESIDENT 4/1/04 (954) 255-7955 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			