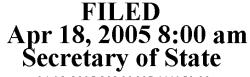
2005 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P01000047134 1. Entity Name R & F ROOFING SERVICES, INC.



04-18-2005 90266 007 ***150.00



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Principal Plac 2351 NE 9TI POMPANO I	H AVE		:	Mailing Addres 2351 NE 9TH POMPANO B	AVE	064		The state of the s				
2. Principal Place of Business			3.	3. Mailing Address						500 5500 EGAN EIEII V	HEEU WA 1	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				1st MOORE CR2E034 (10/04)				
City & State	е			City & State				4. FEI Numb	er 65-11112	27		pplied For
Zip		Country		Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of C	Current Reg	istered Agent				7. Name and	d Address of New	Registered A	Agent	
						Name						
RENTERIA, RAMON 711 NE 8TH COURT			-		Street A	Street Address (P.O. Box Number is Not Acceptable)						
PON	MPANO B	EACH FL 330	060					<u></u>				
		÷	_			City				FL	Zip Cod	
	named entiti ions of regist	y submits this state ered agent.	ement for the	purpose of ch	anging its reg	istered office o	r registei	red agent, or bo	oth, in the State of	Florida. I am i	familiar with	, and accept
SIGNATURE	Signature, typed	or printed name of registe	WT CO	Rr H	(NÔTE: Reg	gistered Agent signal	uta tadnitec	d when reinstating)		DATE		
After	May 1, 200	!! FEE IS \$150. 05 Fee Will Be \$ 5 Florida Departr	550.00	ate				·	9. Election Can Trust Fund C			.00 May Be led to Fees
grander strategic et en en er er		1. PATE STATE STATES	GENERAL MATERIA	1550 H		44		ADDITIONS	CHANCESTO	CEICEDE AND	DIDECTOR	OC IN) 4.4
10.		UFFICEF	RS AND DIR			<u>11.</u>		ADDITIONS	/CHANGES TO O	FFICERS AND		
TITLE	P				Delete	TITLE					Change	Addition
NAME	RENTERIA	, RAMON				NAME						
STREET ADDRESS	711 NE 8 (CT	4			STREET ADDRESS						
CITY-ST-ZIP	POMPANO	BEACH FL 3306	60			CITY-ST-ZIP						
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #