2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2004 8:00 am **Secretary of State DOCUMENT # P01000091598** 03-03-2004 90007 003 ***150.00 A-1 PRESTO ROOFING CORPORATION Principal Place of Business Mailing Address 2266 W. 79 ST. 2266 W. 79 ST. JAUGADIO HIALEAH, FL 33016 HIALEAH, FL 33016 3. Mailing Address 2. Principal Place of Business 72 OR 2216 2216 W 80ST Suite, Apt. #, etc. Suite, Apt. #, etc. 01292004 CR2E034 (10/03) Chg-P Bay 4. FEI Number Applied For City & State City & State malea 65-1141447 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 23016 33016 USA Fee Required k 2U 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZUNINO, ADOLFO B Street Address (P.O. Box Number is Not Acceptable) 2266 W 79 ST. HIALEAH, FL 33016 City Zip Code 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. أبدر (NOTE: Registered Agent signature required when reinstating) Signature, typ 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete Change ☐ Addition TITI F THE PST Zunino, Yamirka ZUNINO, ADOLFO B NAMÉ 2216 W 80 ST #8 STREET ADDRESS 2266 W. 79 ST. STREET ADDRESS HIALEAH, FL 33016 CITY-ST-ZIP CITY-ST-ZIP Haleah FL 33016 VPD Delete Change ☐ Addition TITLE TITLE VPD. ZUNING, YAMIKA 2216 W 80 ST # 8 ZUNINO, ADOLFO B NAME NAME 2266 W. 79 ST. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33016 Itialeah FL 33016 Delete DAPR TITLE ☐ Change ☐ Addition TITLE TORRES, SARAHI NAME NAME STREET ADDRESS 8232 NW 198 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33016 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete TILE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

305 822-5707