

**2003 FOR-PROFIT-CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90359 010 ***150.00

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DOCUMENT # **P01000099233**

1. Entity Name
EL COLORADO ROOFING, INC.



Principal Place of Business
**1216 WALLACE DRIVE
DELRAY BEACH FL 33444**

Mailing Address
**1216 WALLACE DRIVE
DELRAY BEACH FL 33444**



2. Principal Place of Business
6872 Venetian Dr
Suite, Apt. #, etc.

3. Mailing Address
6872 Venetian Dr
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

4. FEI Number **65-1145678**

Applied For
 Not Applicable

Zip **33462** Country **USA**

Zip **33462** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGEL, JUAN D
1216 WALLACE DRIVE
DELRAY BEACH FL 33444

Name
Street Address (P.O. Box Number is Not Acceptable)
6872 Venetian Dr
City **LAKE WORTH** **FL** Zip Code **33462**

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 *Juan D Angel*
Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **7/18/03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	D ANGEL, JUAN D 1216 WALLACE DRIVE DELRAY BEACH FL 33444	<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
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	6872 Venetian Dr LAKE WORTH, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: *Juan D Angel* **SIGNATURE REQUIRED** **7/18/03** **561-272-3666**
Signature and typed or printed name of signing officer or director / Date Daytime Phone #

CR2E034 (4/03)