## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

Mailing Address

## DOCUMENT # P01000112705

1. Entity Name

Principal Place of Business

DACROOFING SYSTEM, CORP.



**FILED** Mar 29, 2004 8:00 am Secretary of State 03-29-2004 90050 039 \*\*\*150.00

Surie. Apr e. etc.  Surie.	661 EAST 9TH STREET HIALEAH FL 33010		661 EAST 9TH STREET HIALEAH FL 33010				77066406			
City & State  City & State  City & State  City & State  Country  C	2. Principal Place of Business		3. Mailing Address			-				
Zep Country Zip Country 5. Certificate of Status Desired   \$8.75 Additional Fee Preparated   \$8.75 Additiona	Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR2E0	34 (11/03)		
Separation   Separ	City & State		City & State			<b>4.</b> F	FEI Number 65-1155504			
CERVANTES, CHRISTOPHER D   Street Address of New Registered Agent   Street Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	ip Countr		5. (		<b>\$8.75</b> Ad	ditional	
CERVANTES, CHRISTOPHER D 661 EAST 9TH STREET HIALEAH FL 33010  1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmillar with, and accept the celliquations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the celliquations of registered agent.  Signature:  1. City  1. City  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  The Make Check Pyabble to Florida Department of State  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE THALEAH FL 33010  1. CITY ST. 2P  THE MAKE THALEAH FL 33010  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE THALEAH FL 33010  1. THE MAKE THALEAH FL 33010  1. THE MAKE THALEAH FL 33010  1. THE MAKE SHEET AUGRESS CITY ST. 2P  THE MAKE SHEET AUGRESS CITY ST	6.	Registered Agent	ered Agent							
Sincer Address (P.O. Box Number is Not Acceptable)    City					······································					
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent.    Signature	661 EAS		,		Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plotida. I am familiar with, and accept the octigations of registered agent.    Common temperature of registered agent and title if explicable.   (NOTE Registered Agent agentus required Agent agent required Agent agent agent required Age	HIALCAF	I FL 33010								
the obligations of registered agent.  Signature  FILE NOW!!! FEE'IS \$150.00  After May 1: 2004 Fee will be \$550.00  Make Check Fayable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  OCRYVANTES, CHRISTOPHER D  CREVANTES, CHRISTOPHER D  CREVANTES, CHRISTOPHER D  OHIVE STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  STREET ADDRESS  CITY-ST-					City		F	Zip Coc	le	
FILE NOW!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  CERVANTES, CHRISTOPHER D  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE										
### May 1: 2004 Pee will be \$55.00	SIGNATURE									
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	After May 1, 2004 Fee will be \$550.00									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. OFFICERS AND DIRECTORS			11.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
STREET ADDRESS CITY-ST-ZIP  HALEAH FL 33010  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE PD		☐ Delete	TITLE				☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAME CERV	ANTES, CHRISTOPHER D		NAME					ļ	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					· ·					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME: STREET ADDRESS CITY-ST-ZIP  TITLE NAME: STREET ADDRESS CITY-ST-ZIP  TITLE NAME: STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE				` ☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					!					
TITLE NAME: STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		is ,			ı	1				
NAME - STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ,		-						
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	í		∟ Defete					L Change	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				1	<b>I</b>					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					1					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	-				☐ Chenne	□ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ł.		- Delete					E olidingo		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE OPelete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE OPElete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE OPERATE OF THE OPERATE OF	STREET ADDRESS	•		STREE	T ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-	ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	NAME			NAME	ļ					
TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST										
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP	4				l l					
		not the information available with	thin filling does not swallfu for			Sootion 1	110 07(2V)) Florida Statuta I to the	nantifu that the :	oformation	

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.