

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000005042

1. Entity Name
CAPE ROOFING CORP.



FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90325 038 ***150.00

Principal Place of Business
5313 NW 3RD AVE.
MIAMI, FL 33127

Mailing Address
5313 NW 3RD AVE.
MIAMI, FL 33127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006

Chg-P

CR2E034 (11/05)

4. FEI Number
02-0532073

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, HECTOR
1790 WEST 49TH ST.
SUITE 217
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name HALL, HECTOR

Street Address (P.O. Box Number is Not Acceptable)
692 WEST 29 ST #9

City HIALEAH

FL

Zip Code
33012

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 [Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ORTIZ, ADAN J
STREET ADDRESS 5313 NW 3RD AVE.
CITY-ST-ZIP MIAMI, FL 33127 ☐ Delete

TITLE VD
NAME ORTIZ, INGRID J
STREET ADDRESS 5313 NW 3RD AVE.
CITY-ST-ZIP MIAMI, FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

305
762 76 62

Date

Daytime Phone #