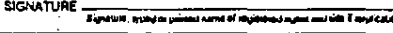
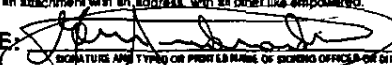


FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90146 041 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000010812			
1. Entity Name MA SOFFIT & SIDING SERVICES INC.			
Principal Place of Business 6717 BANNER LAKE CIR. 11102 ORLANDO, FL 32821		Mailing Address 6717 BANNER LAKE CIR. 11102 ORLANDO, FL 32821	
2. Principal Place of Business		3. Mailing Address 207 Sonoma Valley Cir.	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Orlando - FL		City & State Orlando - FL	
Zip 32835	Country	Zip Orlando	Country
4. FEI Number 02-0537807		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent TORO, RUBEN D 7348 SAND LAKE RD. 204 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE 		DATE	
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SILVA, MAURICIO D 6717 BANNER LAKE CIR. #11102 ORLANDO, FL 32821 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SILVA, WLADIMIR PAULINO 5124 PARK CENTRAL DR. APT 516 ORLANDO FL 32839 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, CLAUDIO M 6717 BANNER LAKE CIR. #11102 ORLANDO, FL 32821 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASCONCELOS, IGNACIO L 6717 BANNER LAKE CIR. #11102 ORLANDO, FL 32821 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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 		05/20/03 / (407) 383 0134	