

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90086 019 \*\*\*150.00

<b>DOCUMENT # P02000031186</b>																	
<b>1. Entity Name</b> ARMANDO'S ROOFING, INC.																	
<b>Principal Place of Business</b> 5114 S.W. 5TH STREET MIAMI FL 33134			<b>Mailing Address</b> 5114 S.W. 5TH STREET MIAMI FL 33134														
<b>Notice: NEW ADDRESS:</b>																	
<b>2. Principal Place of Business</b> 16240 S. W. 107 Place Suite, Apt. #, etc. Miami, FL 33157 City & State		<b>3. Mailing Address</b> P. O. Box #972382 Suite, Apt. #, etc. Miami, FL 33197-2382 City & State															
Zip		Country		Zip													
Country		<b>4. FEI Number</b> <b>AP-PLIED FOR</b> <table border="1" style="float: right; margin-top: -20px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>				Applied For	Not Applicable										
Applied For																	
Not Applicable																	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>1st MOORE CR2E034 (10/04)</b>													
<b>6. Name and Address of Current Registered Agent</b> SANCHEZ, ARMANDO E 1345 S.W. 60TH CT. WEST MIAMI FL 33144			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code														
<b>NOTICE:</b> New address: 16240 S.W. 107 PL. Miami, FL 33157			(NOTE: Registered Agent signature required when reinstating)														
<b>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.</b> SIGNATURE: <u>Armando E. Sanchez</u> - ARMANDO E. SANCHEZ - PRESIDENT. 2-24-2005 DATE																	
(NOTE: Registered Agent signature required when reinstating)																	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State																	
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				Trust Fund Contribution.													
<b>10. OFFICERS AND DIRECTORS</b>																	
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<b>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.</b> SIGNATURE: <u>Armando E. Sanchez</u> - ARMANDO E. SANCHEZ - 2-24-05 305-762-6330 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PRESIDENT) Date Daytime Phone #																	

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
HOLTSVILLE NY 00501

ATTACHMENT

DATE OF THIS NOTICE: 08-23-2002  
NUMBER OF THIS NOTICE: CP 575 A  
EMPLOYER IDENTIFICATION NUMBER: 03-0478283  
FORM: SS-4  
0132848227 B

ARMANDOS ROOFING INC  
5114 SW 5TH ST  
MIAMI FL 33134

66011503  
# P02000631186

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 03-0478283. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

03/15/2003

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.



Department of the Treasury  
Internal Revenue Service  
MEMPHIS TN

ATTACHMENT

37501-0038

Date of this notice:  
Taxpayer Identifying Number  
Form:

OCT. 28, 2002  
03-0478283  
Tax Period:

For assistance you may  
call us at:

1-800-829-1040



ARMANDOS ROOFING INC  
5114 SW 5TH ST  
MIAMI FL 33134-131343

Or you may write to us at  
the address shown at the  
left. If you write, be  
sure to attach the bottom  
part of this notice.

## NOTICE OF ACCEPTANCE AS AN S-CORPORATION

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF  
DECEMBER IS ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING SEP. 9, 2002, SUBJECT TO  
VERIFICATION IF WE EXAMINE YOUR RETURN.

IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF  
TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF  
THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION  
WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING  
PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS  
THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR  
ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE  
WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS  
TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO  
HELP YOU; HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR  
WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT  
TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE  
BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on  
telephone calls.

Keep this part for your records

Overlay 5 Form 8489 (Rev. 8-91)

Return this part to us with your check or inquiry

Your telephone number

Best time to call



200242

29953-681-06180-2

261

INTERNAL REVENUE SERVICE  
MEMPHIS TN 37501-0038

ARMANDOS ROOFING INC  
5114 SW 5TH ST  
MIAMI FL 33134-131343

030478283 C0 00 000000

Form SS-4  
(Rev. December 2001)

Department of the Treasury  
Internal Revenue Service

**ATTACHMENT**  
**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **03-0478283**

OMB No. 15-15-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

**ARMANDO'S ROOFING, INC.**

2 Trade name of business (if different from name on line 1)

**SAME**

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

**5114 S. W. 5th Street**

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

**MIAMI, FL. 33134**

5b City, state, and ZIP code

6 County and state where principal business is located

**MIAMI-DADE FLORIDA**

7a Name of principal officer, general partner, grantor, owner, or trustee

**ARMANDO E. SANCHEZ**

7b SSN, ITIN, or EIN

**SSN 265-21-8210**

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)

☐ Partnership

☒ Corporation (enter form number to be filed) ▶ **941, 1120**

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶

☐ Other (specify) ▶

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard ☐ State/local government

☐ Farmers' cooperative ☐ Federal government/military

☐ REMIC

☐ Indian tribal government's enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

**FLORIDA**

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶

**ROOFING**

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☐ Other (specify) ▶

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

**SEPT. 2002**

11 Closing month of accounting year

**DEC.**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶

Agricultural

Household

Other

**-0-**

**-0-**

14 Check one box that best describes the principal activity of your business.

☒ Construction

☐ Rental & leasing

☐ Transportation & warehousing

☐ Real estate

☐ Manufacturing

☐ Finance & insurance

☐ Health care & social assistance

☐ Accommodation & food service

☐ Other (specify)

☐ Wholesale-agent/broker

☐ Wholesale-other

☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

**ROOF REPAIRS**

16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .

☐ Yes

☒ No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Third  
Party  
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Address and ZIP code

Designee's telephone number (include area code)

( )

Designee's fax number (include area code)

( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶  
**ARMANDO E. SANCHEZ - PRESIDENT**

Signature

Date ▶ **8-16-2002**

Applicant's telephone number (include area code)

**(786) 473-1256**

Applicant's fax number (include area code)

**(305) 227-7475**