

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90072 029 ***158.75

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| DOCUMENT # P02000043265 | | | |
| 1. Entity Name FLORIDA QUALITY ROOFING, INC. | | | |
| Principal Place of Business 1106 WEST OAK ST STE B KISSIMMEE, FL 34741 <i>-Change</i> | | Mailing Address 1106 WEST OAK ST STE B KISSIMMEE, FL 34741 <i>-Change</i> | |
| 2. Principal Place of Business 15820 NW 44 CT Suite, Apt. #, etc. | | 3. Mailing Address 15820 NW 44 CT Suite, Apt. #, etc. | |
| City & State Miami, Florida Zip 33054 Country U.S. | | City & State Miami, Florida Zip 33054 Country U.S. | |
| 4. FEI Number 03-0433572 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DUARTE, GERMAN 1106 WEST OAK STREET SUITE B KISSIMMEE, FL 34741 <i>-Change</i> | | 7. Name and Address of New Registered Agent Name Duarte, German Street Address (P.O. Box Number is Not Acceptable) 15820 NW 44 CT City Miami FL Zip Code 33054 | |
| 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 <i>[Signature]</i> <u>German Duarte President</u> 3/9/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P DUARTE, GERMAN 1106 WEST OAK STREET STE B KISSIMMEE, FL 34741 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Duarte, German 15820 NW 44 CT Miami, FL 33054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>[Signature]</i> <u>German Duarte</u> | | Date <u>3/9/06</u> Daytime Phone # <u>407-832-2008</u> | |