

CERTIF. MAIL #

7003 1680 0001

2004 FOR PROFIT CORPORATION
ANNUAL REPORTFILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90376 009 ***150.00

DOCUMENT # P02000052002

1. Entity Name
BAY ROOF TECH. INC.

Principal Place of Business

7526 NW 70 ST.
MIAMI, FL 33166

Mailing Address

3031 SW 141ST AVE.
MIRAMAR, FL 33027

14004893



04082004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0717914Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTOS, WELLINGTON J
3031 SW 141ST AVE.
MIRAMAR, FL 33027

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

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, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SANTOS, WELLINGTON J
STREET ADDRESS 3031 S.W. 141ST AVE.
CITY-ST-ZIP MIRAMAR, FL 33027TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME SANTOS, JULIE A
STREET ADDRESS 3031 S.W. 141ST AVE.
CITY-ST-ZIP MIRAMAR, FL 33027TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #