

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90036 010 ***150.00

DOCUMENT # P02000058043	
1. Entity Name F M ROOFING CORP.	

Principal Place of Business 8031 NW 8TH ST., APT. #3 8210 NW 105TH ST., APT. #3 8210 NW MIAMI, FL 33126 Apt #7	Mailing Address 8031 NW 8TH ST., APT. #3 8210 NW MIAMI, FL 33126
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40111341



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3679954	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLORES, DOMINGO D 8031 NW 88TH ST APT. 3 8210 NW 105TH ST APT #7 MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

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 (this is the Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	PTSD FLORES, DOMINGO D 8031 NW 88TH ST APT. 3 8210 NW 105TH ST APT #7 MIAMI, FL 33126
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IN THIS SPACE**

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: X David Flores
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/07
Date Daytime Phone #