


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90137 035 \*\*\*150.00

<b>DOCUMENT #</b> P02000119526	
1. Entity Name <b>PCM ROOFING CORP</b>	

Principal Place of Business <b>14505 OTTER RUN LANE ORLANDO FL 32837</b>	Mailing Address <b>14505 OTTER RUN LANE ORLANDO FL 32837</b>
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**55052779**

2. Principal Place of Business <b>372 W. Grant St.</b>	3. Mailing Address <b>372 W. Grant St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State <b>Orlando, FL 32806</b>	City & State <b>Orlando, FL 32806</b>
Zip <b>32806</b>	Country <b>US</b>
Zip <b>32806</b>	Country <b>US</b>

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE LA OSA, CARLOS**  
**14505 OTTER RUN LANE**  
**ORLANDO FL 32837**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
	<b>372 W. Grant St.</b>
City	<b>Orlando</b>
State	<b>FL</b>
Zip	<b>32806</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.

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

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	<b>PD MANZELLA, CATHY 14505 OTTER RUN LANE ORLANDO FL 32837</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FERNANDEZ, MARTA 14505 OTTER RUN LANE ORLANDO FL 32837</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DE VARONA, PAMELA 14505 OTTER RUN LANE ORLANDO FL 32837</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>372 W. Grant St Orlando, FL 32806</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>372 W. Grant St Orlando, FL 32806</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>372 W. Grant St Orlando, FL 32806</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**July 14, 2003 407-650-9541**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

55052719

#P02 000119526

Carlos De La Osa  
372 W Grant Street  
Orlando, FL 32806  
407-650-9541

Monday, July 14, 2003

Division of Corporations  
Uniform Business Report Filings

P.O. Box 1500  
Tallahassee, FL 32302-1500

Re : Change of Address

Gentlemen:

In reference to a phone conversation with your agency on the above date, our Company moved in March of this year and did not receive a first notice.

This uniform Business Report was received in this office on the above date therefore we should not be charged a penalty.

Enclosed is our check for 150.00

Should you have any questions or require additional information our new address is listed on this correspondence and is indicated on the enclosed form as well.

Sincerely,



Carlos De La Osa