

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000003400

1. Entity Name
PREMIER ROLLOUT AWNINGS OF DADE COUNTY, INC.



Principal Place of Business --
3584 MOON BAY CIRCLE
WELLINGTON, FL 33414

Mailing Address
3584 MOON BAY CIRCLE
WELLINGTON, FL 33414

2. Principal Place of Business
10091 Freesian Way
Suite, Apt. #, etc.

3. Mailing Address
10091 Freesian Way
Suite, Apt. #, etc.

City & State
Lake Worth, Florida
Zip
33467
Country
U.S.A.

City & State
Lake Worth, Florida
Zip
33467
Country
U.S.A.

06082004 Chg-P CR2E034 (10/03)

4. FEI Number
27-0042338
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAFFER, PAUL
3584 MOON BAY CIRCLE
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name
Lisa Erath
Street Address (P.O. Box Number is Not Acceptable)
10091 Freesian Way
City
Lake Worth, FL Zip Code
33467

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 *Lisa Erath* **Lisa Erath** 6/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
SHAFFER, PAUL
STREET ADDRESS
3584 MOON BAY CIRCLE
CITY - ST - ZIP
WELLINGTON, FL 33414 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P/D
NAME
Lisa Erath
STREET ADDRESS
10091 Freesian Way
CITY - ST - ZIP
Lake Worth, Florida 33467 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE: *Lisa Erath* **Lisa Erath** 6/8/04 561-310-0566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

04 JUN 10 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

