2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003934

Entity Name: FULLCOVER ROOFING SYSTEMS, INC.

9330 SW 5TH ST., UNIT B

BOCA RATON, FL 33428

Address:

City-St-Zip:

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13290 S.W. 88LN. **UNIT 111** MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 13290 SW 88 LN 13290 S.W. 88LN. **UNIT 111 UNIT 111** MIAMI, FL 33186 MIAMI, FL 33186 FEI Number: 03-1264534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FULLCOVER ROOFING INC. 13290 SW 88 LN **UNIT 111** MIAMI, FL 33186 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ELARJA, SAMY Name: Name: 13290 SW 88 LN UNIT 111 Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: () Delete Title: DV Title: () Change () Addition Name: CARDENAS, ENRIQUE Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMY ELARJA VP 03/24/2009