

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90079 027 \*\*\*150.00

<b>DOCUMENT # P03000007608</b> 1. Entity Name <b>SENIOR ROOF INC</b>					
Principal Place of Business 8 SE 19TH AVE., #8 POMPANO BCH, FL 33060			Mailing Address 8 SE 19TH AVE., #8 POMPANO BCH, FL 33060		
2. Principal Place of Business <b>220 OREGON LANE</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>220 OREGON LANE</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>		4. FEI Number <b>22-3891845</b>	
Zip <b>33487</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TAX HOUSE CORPORATION</b> <b>3929 N. FEDERAL HWY.</b> <b>POMPANO BCH, FL 33064</b>			7. Name and Address of New Registered Agent Name <b>Miguel Pena</b> Street Address (P.O. Box Number is Not Acceptable) <b>220 OREGON LANE</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33487</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: <u>Miguel Angel</u> <span style="float: right;">DATE</span> <small>Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when re-appointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENA, MIGUEL A <input type="checkbox"/> Delete 8 SE 19TH AVE., #8 POMPANO BCH, FL 33060		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 all other like empowered.					
SIGNATURE: <u>Miguel Angel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>954 781 7070</b> <small>Daytime Phone #</small>	

