


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-27-2005 90003 050 \*\*\*150.00  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000041443			
1. Entity Name PALMER ROOF TECH INC.			
Principal Place of Business 203 N.W. 36 ST SUITE: 1 MIAMI, FL 33127 US		Mailing Address 13825 S W 78 PLACE MIAMI, FL 33158	
2. Principal Place of Business <i>17832 South Dixie Hwy</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami</i>		City & State	
Zip <i>33032</i>	Country	Zip	Country
4. FFI Number <i>90-0068341</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHAVEZ, VERONICA W 203 N W 36 ST SUITE #1 MIAMI, FL 33127		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>17832 South Dixie Hwy</i> City <i>Miami</i> FL Zip Code <i>33032</i>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PALMER, SUYAPA C <input type="checkbox"/> Delete 203 N.W. 36 ST SUITE: 1 MIAMI, FL 33127	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>17832 South Dixie Hwy</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Miami FL 33032</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHAVEZ, VERONICA W <input type="checkbox"/> Delete 203 N.W. 36 ST SUITE: 1 MIAMI, FL 33127	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>17832 South Dixie Hwy</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Miami FL 33032</i>
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
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	<i>8/19/05</i> <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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>6/7/05</i> 305-696-1608 Daytime Phone #	