

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091417

FILED  
May 29, 2007  
Secretary of State

Entity Name: PERFECT ROOFING & SERVICES, INC.

## Current Principal Place of Business:

284 NE 116TH STREET  
SUITE 2  
MIAMI, FL 33161

## New Principal Place of Business:

## Current Mailing Address:

284 NE 116TH STREET  
SUITE 2  
MIAMI, FL 33161

## New Mailing Address:

FEI Number: 42-1603010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TURNER, BILLY  
305 NE 116TH STREET  
MIAMI, FL 33161 US

## Name and Address of New Registered Agent:

BAPTISTE, GLADYS  
284 NE 116TH STREET  
MIAMI, FL 33161 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: GLADYS BAPTISTE

05/29/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JAMES-TURNER, KIM  
Address: 305 NE 116TH STREET  
City-St-Zip: MIAMI, FL 33161

Title: SD ( ) Delete  
Name: TURNER, BILLY  
Address: 305 NE 116TH STREET  
City-St-Zip: MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GORDON, LONNIE  
Address: 284 NE 116TH STREET  
City-St-Zip: MIAMI, FL 33161

Title: SD (X) Change ( ) Addition  
Name: BAPTISTE, GLADYS  
Address: 284 NE 116TH STREET  
City-St-Zip: MIAMI, FL 33161

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: LONNIE GORDON

PD

05/29/2007

Electronic Signature of Signing Officer or Director

Date