

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091417

FILED
Jun 09, 2009
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:

KIM JAMES, TURNER
361 NE 116TH STREET
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

KIM JAMES, TURNER
361 NE 116TH STREET
SUITE # 2
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: KIM JAMES TURNER

06/09/2009

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: GORDON, LONNIE
Address: 284 NE 116TH STREET
City-St-Zip: MIAMI, FL 33161

Title: SD () Delete
Name: TURNER, BILLY
Address: 361 NE 116TH STREET
City-St-Zip: MIAMI, FL 33161

Title: SD () Delete
Name: KIM JAMES, TURNER
Address: 361 NE 116TH STREET
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: GORDON, LONNIE
Address: 284 NE 116TH STREET # 2
City-St-Zip: MIAMI, FL 33161

Title: PD (X) Change () Addition
Name: TURNER, BILLY
Address: 284 NE 116TH STREET # 2
City-St-Zip: MIAMI, FL 33161

Title: SD (X) Change () Addition
Name: KIM JAMES, TURNER
Address: 284 NE 116TH STREET # 2
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: BILLY TURNER

PD

06/09/2009

Electronic Signature of Signing Officer or Director

Date