

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000091417

FILED
Sep 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
SUITE # 2
MIAMI, FL 33161 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:****Title:** SD () Delete
Name: GORDON, LONNIE
Address: 284 NE 116TH STREET # 2
City-St-Zip: MIAMI, FL 33161**Title:** PD () Delete
Name: TURNER, BILLY
Address: 284 NE 116TH STREET # 2
City-St-Zip: MIAMI, FL 33161**Title:** SD () Delete
Name: KIM JAMES, TURNER
Address: 284 NE 116TH STREET # 2
City-St-Zip: MIAMI, FL 33161**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** SD (X) Change () Addition
Name: KIM JAMES, TURNER
Address: 284 NE 116TH STREET # 2
City-St-Zip: MIAMI, FL 33161**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: FAIRELL, CHRISTYE L
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

09/09/2009

Electronic Signature of Signing Officer or Director_____
Date