

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 JUN 18 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



JS

06152007 No Chg-P CR2E034 (11/05)

DOCUMENT # P03000097883 1. Entity Name ACCORD ROOFING & CONSTRUCTION CORP	
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Principal Place of Business 15250 SW 23RD ST. MIAMI, FL 33185	Mailing Address 15250 SW 23RD ST. MIAMI, FL 33185
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GAMEZ, RICARDO ENRIQUE 15250 SW 23RD ST. MIAMI, FL 33185
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DO NOT WRITE IN THIS SPACE

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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMEZ, RICARDO E 15250 SW 23RD ST. MIA, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMIREZ, KAREN 15250 SW 23RD ST. MIA, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:	Date _____	Daytime Phone # _____
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR