

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000110348

Entity Name: ROADScape NORTH FLORIDA, INC.

FILED
Aug 08, 2005
Secretary of State

Current Principal Place of Business:

1727 HELENA STREET
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

PO BOX 26736
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 20-0223184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALEEM, LAZETTE
3717 LYDIA ESTATES DRIVE
JACKSONVILLE, FL 32208 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: P () Delete
Name: EDWARDS, DANIEL
Address: 10538 LEM TURNER ROAD, #404
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: SHABAZZ, TAMIR
Address: 10535 LEM TURNER ROAD,
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SALEEM, BILAL S
Address: 3717 LYDIA ESTATES DR.
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILAL S.SALEEM

VP

08/08/2005

Electronic Signature of Signing Officer or Director

Date