## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 22, 2007 08:00 AM Secretary of State

DOCUMENT # P03000156637  1. Entity Name JCAS ROOFING & WATERPROOFING, CORP.			Secretary of State
Principal Place of Business	Mailing Address		
3375 W 76TH ST #146 HIALEAH, FL 33018	3375 W 76TH ST #14 Hialeah, FL 33018	66	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #. etc.		06022007 Chg-P CR2E034 (12/06)
City & State	City & State		4. FEI Number Applied For 54-2137082 Not Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired Secured Fee Required
6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
CASTILLO, JUAN J 3375 W 76TH ST #146 HIALEAH, FL 33018			ass (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
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  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE			
FILE NOWIII FEE IS \$150.00 Due by September 14, 2007	9. Election Campai Trust Fund Conti	~	\$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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME CASTILLO, JUAN J STREEI ADDRESS 3375 W 76TH ST #146	☐ Delete	NAME STREET ADDRESS	000000766572 □ Change □ Addition 06/22/07-80003-008 150.00
TITLE HIALEAH, FL 33018	☐ Defele	CITY-ST-ZiP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	L Densie	NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-SI-ZIP	☐ Defele	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ——
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. Thereby certify that the information supplied with this filling 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 yeport 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:    Applying Applying Deplits of Righting OFFICER OR DIRECTOR			