

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-08-2006 90172 018 ***150.75

66007804



1st MOORE CR2E034 (10/05)

DOCUMENT # P04000036611 1. Entity Name NICK DUARTE ROOFING, INC.					
Principal Place of Business 500 NE 1ST STREET POMPAÑO BEACH FL 33060			Mailing Address 240 NW 48TH CT STE 240 FORT LAUDERDALE FL 33309 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-2044226	
Zip		Country		☐ Applied For ☐ Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUARTE, NICOLAS 500 NE 1ST STREET POMPAÑO BEACH FL 33060				Name NICOLAS - DUARTE Street Address (P.O. Box Number is Not Acceptable) 240 N.W 48th Court, Ste 240 City Fort Lauderdale FL Zip Code 33309	
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 _____ (NOTE: Registered Agent signature required when re-stating) Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			158.75		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DUARTE, NICOLAS		NAME		
STREET ADDRESS	240 NW 48TH CT		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33309		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employees.					
SIGNATURE:			PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-25-06 Daytime Phone # 954-632-2840		