


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90066 049 ***150.00

DOCUMENT # P05000010424	
1. Entity Name PROFASA ROOFING, CORP.	

Principal Place of Business 4600 SW 154TH PLACE MIAMI, FL 33185	Mailing Address 4600 SW 154TH PLACE MIAMI, FL 33185
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 7105 SW 8 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. 306
City & State	City & State MIAMI, FLORIDA
Zip	Country
33144	0000

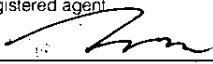
04302007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2200313	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
VARGAS, JOSSE R 8518 SW 8TH ST. MIAMI, FL 33144	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
4600 SW 154TH PLACE	
City	FL Zip Code
MIAMI	33185

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	DATE
	04.27.07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	VARGAS, JOSSE R
STREET ADDRESS	4600 SW 154TH PLACE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	VD <input type="checkbox"/> Delete
NAME	VARGAS, JORGE M
STREET ADDRESS	4600 SW 154TH PLACE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.	
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SIGNATURE:	04.27.07 (305)226 3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #