2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036258

Title:

Name:

Address:

City-St-Zip:

() Delete

FILED Feb 29, 2008 Secretary of State

Entity Nan	ne: FB ROOF	NG & CONSTRUCTION, INC	C.					
Current Principal Place of Business:				New Principal Place of Business:				
7777B DAVIE RD EXT 105 HOLLYWOOD, FL 33024				4650 SW 51ST ST. 710 DAVIE, FL 33314				
Current Mailing Address:				New Mailing Address:				
7777B DAVIE RD EXT 105 HOLLYWOOD, FL 33024 FEI Number: 20-0356630 FEI Number Applied For () FEI Nu				4650 SW 51ST ST. 710 DAVIE, FL 33314 umber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
1033 NE 17 1906 FT. LAUDE The above in the State	RDALE, FL 33 named entity s of Florida.		purpose o	f changing it	s registered	office or registered a	agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent				 Date				
Election Carr		Trust Fund Contribution ().	,					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () FOWLER-BERK 1033 NE 17TH V FT. LAUDERDAL	VAÝ #1906		Title: Name: Address: City-St-Zip:	FOWLER-BE 1033 NE 17TI	X) Change () Addition RKEN, GWEN H WAY #1906 DALE, FL 33304		
Title: Name: Address: City-St-Zip:	VP () FOWLER-BERK 1033 NE 17TH V FT. LAUDERDAL	VAY #1906		Title: Name: Address: City-St-Zip:	FOWLER-BE 1033 NE 17TI	X) Change () Addition RKEN, MICHAEL H WAY #1906 DALE, FL 33304		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL FOWLER-BERKEN PRES 02/29/2008

() Change (X) Addition

VENDRELL, RAFAEL 4077 PINE RIDGE LN.

WESTON, FL 33331