

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036258

FILED
Mar 03, 2009
Secretary of State

Entity Name: FB ROOFING & CONSTRUCTION, INC.

Current Principal Place of Business:

4650 SW 51ST ST.
710
DAVIE, FL 33314

New Principal Place of Business:

4650 SW 51ST STREET
710
DAVIE, FL 33314

Current Mailing Address:

4650 SW 51ST ST.
710
DAVIE, FL 33314

New Mailing Address:

4650 SW 51ST STREET
710
DAVIE, FL 33314

FEI Number: 20-0356630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOWLER-BERKEN, MICHAEL
4650 SW 51 STREET
710
DAVIE, FL 33314 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FOWLER-BERKEN, GWEN
Address: 4650 SW 51ST STREET, SUITE 710
City-St-Zip: DAVIE, FL 33314

Title: P () Delete
Name: FOWLER-BERKEN, MICHAEL
Address: 4650 SW 51ST STREET, SUITE 710
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: VENDRELL, RAFAEL
Address: 4650 SW 51ST STREET, SUITE 710
City-St-Zip: DAVIE, FL 33314

Title: VP (X) Delete
Name: LLOP, JOSE
Address: 4650 SW 51ST STREET, SUITE 710
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: FOWLER-BERKEN, GWEN
Address: 4650 SW 51ST STREET, SUITE 710
City-St-Zip: DAVIE, FL 33314

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

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.

SIGNATURE: MICHAEL FOWLER-BERKEN

P

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date