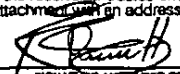


2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-17-2006 90129 012 ***150.00

DOCUMENT # P05000088212 1. Entity Name T.A.R. ROOFING, CORP.					
Principal Place of Business 2816 SW 7 ST MIAMI, FL 33135			Mailing Address 2816 SW 7 ST MIAMI, FL 33135		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3060308	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HENRIQUEZ, ROGELIO 933 SW 44 AVE #B214 MIAMI, FL 33134-2575				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DP HENRIQUEZ, ROGELIO 2816 SW 7 ST MIAMI, FL 33135	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOMEZ, EUGENIO 2816 SW 7 ST MIAMI, FL 33135	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENRIQUEZ, CARLOS AGUSTIN 4799 NW 1 ST MIAMI, FL 33126	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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.					
SIGNATURE:  03/10/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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