


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # P05000100954 1. Entity Name A ADONIS ROOFING CO.	
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Principal Place of Business 5250 NW 181ST TERRACE OPA-LOCKA, FL 33055 US	Mailing Address 5250 NW 181ST TERRACE OPA-LOCKA, FL 33055 US
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02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3283535	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, ARMANDO
 5250 NW 181ST TERRACE
 OPA-LOCKA, FL 33055

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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 reinstating)
Signature, typed or printed name of registered agent and title if applicable _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, ARMANDO 5250 NW 181ST TERRACE OPA-LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERNANDEZ, MARIA 5250 NW 181ST TERRACE OPA-LOCKA, FL 33055
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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: Armando Hernandez 2-13-07 786-267-1231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #