
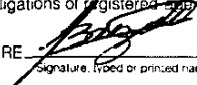
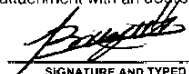


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90076 018 \*\*\*150.00

<b>DOCUMENT # P06000012433</b> 1. Entity Name <b>COMPLETO'S QUALITY ROOFING INC</b>					
Principal Place of Business <b>161 NE 38 ST. APT. 4 FT. LAUDERDALE, FL 33334</b>			Mailing Address <b>161 NE 38 ST. APT. 4 FT. LAUDERDALE, FL 33334</b>		
2. Principal Place of Business - No P.O. Box # <b>2955 NW 6 COURT</b> Suite, Apt. #, etc.		3. Mailing Address <b>2955 NW 6 COURT</b> Suite, Apt. #, etc.			
City & State <b>POMPANO BEACH FL</b> Zip <b>33069</b> Country		City & State <b>POMPANO BEACH FL</b> Zip <b>33069</b> Country		4. FEI Number <b>20-4170645</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03312007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>BRIZUELA, JULIO 161 NE 38 STREET APT #4 FT. LAUDERDALE, FL 33334</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2955 NW 6 COURT</b> City <b>POMPANO BEACH FL</b> Zip Code <b>33069</b>		
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 		<b>JULIO BRIZUELA</b> <small>(NOTE: Registered Agent signature required when resigning)</small>		<b>3/31/07</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D BRIZUELA, JULIO 161 NE 38 STREET #4 FT. LAUDERDALE, FL 33334 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2955 NW 6 COURT POMPANO BEACH FL 33069</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLANUEVA, SELVIN R 2955 N.W. 6 CT. POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOPEZ, MAURICIO 2955 N.W. 6 CT. POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		<b>JULIO BRIZUELA, PRES</b> 3/31/07 (754) 422-5327 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			