

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000025590

1. Entity Name  
MERICK ROOFING INC.



Principal Place of Business  
16905 SW 122 AVENUE  
MIAMI, FL 33177

Mailing Address  
16905 SW 122 AVENUE  
MIAMI, FL 33177

**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4349805	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**

VASQUEZ, PEDRO  
16905 SW 122 AVENUE  
MIAMI, FL 33177

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000954985  
07/15/08-80006-006 158.75

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VASQUEZ, PEDRO 16905 SW 122 AVENUE MIAMI, FL 33177
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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #