2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000029654

AGUÍLERA'S ROOFING, INC.

Principal Place of Business Mailing Address

1393 NW 31ST MIAMI, FL 33142 1393 NW 31ST MIAMI, FL 33142

FILED Apr 25, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

02132008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 20-4391901 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SILVA'S ENTERPRISE, INC. 5220 S UNIVERSITY DR C-102 **DAVIE, FL 33328**

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	named entity submits this statement for the pions of registered agent.	urpose of changing its re	gistered	office or re	agistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little I	f applicable. (NOTE: R	egistered A	aent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			3	The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUILERA, CARLOS 1393 NW 31ST MIAMI, FL 33142	•			•	U00000920612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRERA, JULIO 1393 NW 31ST MIAMI, FL 33142				3 · · · · · · · · · · · · · · · · · · ·	05/14/08-80052-002-150.00
TITLE NAME STREET ADDRESS CHY-SI-ZIP				uği gülümel .	DO	NOT WRITE

IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or experiental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the reset without russee 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 and address, with all other like empowered.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #