

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90015 036 ***150.00

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1. Entity Name
ROLAN ROOFING CONSULTANTS & ASSOCIATES INC.



Principal Place of Business
9130 S DADELAND BLVD
#1218
MIAMI, FL 33156

Mailing Address
9130 S DADELAND BLVD
#1218
MIAMI, FL 33156

40044003



2. Principal Place of Business - No P.O. Box #
11060 PARADELA ST
Suite, Apt. #, etc.

3. Mailing Address
PO Box 331055
Suite, Apt. #, etc.

03162007 Chg-P CR2E034 (12/06)

City & State
CORAL GABLES FL
Zip 33156 Country

City & State
Miami FL
Zip 33233 Country

4. FEI Number 20-5189226
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUSS, LOUIS D
11060 PARADELA ST
CORAL GABLES, FL 33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) 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 D
NAME NOLAN, ROGER W
STREET ADDRESS 11060 PARADLEA ST
CITY-ST-ZIP CORAL GABLES, FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME ROGER W NOLAN
STREET ADDRESS 11060 PARADELA ST
CITY-ST-ZIP CORAL GABLES FL 33156 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER W. NOLAN

Date

Daytime Phone

23. MARCH 07 9780285