

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90372 011 ***150.00

DOCUMENT # P06000107369 1. Entity Name FLORIDA-HEIGHTS ROOFING, INC.					
Principal Place of Business 335 SOUTH BISCAYNE BLVD SUITE 3312 MIAMI, FL 33131			Mailing Address 335 SOUTH BISCAYNE BLVD., #3312 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 1900 N. Bayshore Dr. Suite, Apt. #, etc. 1401		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Miami, Florida		City & State		4. FEI Number 20-5503489	
Zip 33132		Country USA.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TABOADA, GLORIA 335 SOUTH BISCAYNE BLVD. #3312 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name: TABOADA GLORIA Street Address (P.O. Box Number is Not Acceptable): 1900 N. Bayshore Dr. Apt 1401 City: Miami FL Zip Code: 33132	
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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABOADA, WILMER 335 SOUTH BISCAYNE BLVD APT 3312 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. TABOADA WILMER 1900 N. Bayshore Dr. Apt. 1400 Miami, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABOADA, GLORIA 335 SOUTH BISCAYNE BLVD. APT 3312 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. TABOADA GLORIA 1900 N. Bayshore Dr. Apt. 1400 Miami, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ORLANDO 335 SOUTH BISCAYNE BLVD., #3312 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Gonzalez Orlando 1900 N. Bayshore Dr. Apt 1400 Miami, Florida 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Gloria Taboada</u> <u>GLORIA TABOADA DIRECTOR</u> <u>4/17/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					