

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P06000114791
1. Entity Name
ALLAROUNDROOFINGSERVICES, INC.



Principal Place of Business
2007 CURRY AVE. N.
LEHIGH ACRES, FL 33971

Mailing Address
395 W. 10 ST.
SUITE 2
HALEAH, FL 33010



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1717607

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TRIMINO, EDUARDO
443 LOCKPORT AVE
LEHIGH ACRES, FL 33936

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**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

0000006438339
03/02/07-80017-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TRIMINO, EDUARDO
STREET ADDRESS	443 LOCKPORT AVE
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	VP
NAME	DOMINGUEZ, JUAN CARLOS
STREET ADDRESS	773 NW 132 PL.
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	VP
NAME	DOMINGUEZ, JOSE
STREET ADDRESS	2463 SW 112 AVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: José Dominguez VICE PRESIDENT 2/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #