


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90082 045 ***150.00

DOCUMENT # P06000127101	
--------------------------------	---

1. Entity Name J.M.R. ROOFING INC.	Principal Place of Business 10134 182ND LANE SOUTH BOCA RATON, FL 33498	Mailing Address 1975 E SUNRISE BLVD SUITE 400 FORT LAUDERDALE, FL 33304 US
--	--	--

2. Principal Place of Business - No P.O. Box # 2832 N. Dixie Hwy	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boca Raton, FL	City & State
Zip 33431	Country USA

6. Name and Address of Current Registered Agent UNIVERSAL ACCOUNTING & FINANCIAL SERVICES 1975 E SUNRISE BLVD SUITE 400 FORT LAUDERDALE, FL 33304	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 <i>Yvette James</i>	Signature <i>Yvette James</i>	DATE 4/20/07
--	---	---	------------------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, JOSE M		NAME	
STREET ADDRESS 10134 182ND LANE SOUTH		STREET ADDRESS	
CITY - ST - ZIP BOCA RATON, FL 33498		CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIOS, JUDITH		NAME	
STREET ADDRESS 10134 182ND LANE SOUTH		STREET ADDRESS	
CITY - ST - ZIP BOCA RATON, FL 33498		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: <i>Jose H. Rodriguez</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE <i>4/20/07</i> DAYTIME PHONE # <i>(214) 317-8029</i>