


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90179 046 \*\*\*150.00

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # P06000127101</b>   |   |    |   |
| 1. Entity Name<br><b>J.M.R. ROOFING INC.</b>   |   |   |   |
| Principal Place of Business<br><b>2832 N DIXIE HWY<br/>BOCA RATON, FL 33431</b>  |   | Mailing Address<br><b>2832 N DIXIE HWY<br/>BOCA RATON, FL 33431 US</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>727 Berkeley St.</b>  |   | 3. Mailing Address<br><b>727 Berkeley St.</b>   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |
| City & State<br><b>Boca Raton, FL</b>  |   | City & State<br><b>Boca Raton, FL</b>   |   |
| Zip<br><b>33487</b> Country<br><b>USA</b>  |   | Zip<br><b>33487</b> Country<br><b>USA</b>   |   |
| 4. FEI Number<br><b>20-5685557</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |   |
| 6. Name and Address of Current Registered Agent<br><b>UNIVERSAL ACCOUNTING &amp; FINANCIAL SERVICES<br/>1975 E SUNRISE BLVD<br/>SUITE 400<br/>FORT LAUDERDALE, FL 33304</b>  |   | 7. Name and Address of New Registered Agent<br><b>Universal Accounting + Financial Services<br/>1975 E. Sunrise Blvd<br/>Ste 609<br/>Fort Lauderdale FL 33301</b> |   |
| 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.<br><b>Signature: Yvette Rashid Yvette Rashid 4/29/08</b><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br><b>P</b>  | <input type="checkbox"/> Delete<br><b>RODRIGUEZ, JOSE M<br/>10134 182ND LANE SOUTH<br/>BOCA RATON, FL 33498</b> | TITLE<br><b>P</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Rodriguez Jose M<br/>727 Berkeley St.<br/>Boca Raton, FL 33487</b> |
| TITLE<br><b>VP</b>   | <input type="checkbox"/> Delete<br><b>RIOS, JUDITH<br/>10134 182ND LANE SOUTH<br/>BOCA RATON, FL 33498</b>      | TITLE<br><b>VP</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Rios, Judith<br/>727 Berkeley St.<br/>Boca Raton, FL 33498</b>     |
| TITLE<br><b></b>   | <input type="checkbox"/> Delete   | TITLE<br><b></b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br><b></b>   | <input type="checkbox"/> Delete   | TITLE<br><b></b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br><b></b>   | <input type="checkbox"/> Delete   | TITLE<br><b></b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br><b></b>   | <input type="checkbox"/> Delete   | TITLE<br><b></b>  | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |   |   |
| <b>SIGNATURE: Jose M. Rodriguez 4/29/08</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <b>4/29/08</b><br><small>Date</small>   |   |