2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# P07000051466

Entity Name: JAIME DUARTE ROOFING "CORP"

Current Principal Place of Business:

1610 S.E. SALADINO
PALM BAY, FL 32909

New Principal Place of Business:

650 SANFORD STREET
PALM BAY, FL 32908

Current Mailing Address:

1610 S.E. SALADINO
PALM BAY, FL 32909

New Mailing Address:

650 SANFORD STREET
PALM BAY, FL 32909

FEI Number: 20-8493650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUARTE, JAIME
1610 S.E. SALADINO STREET
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

DUARTE, JAIME
650 SANFORD STREET
PALM BAY, FL 32908 US

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.

SIGNATURE: 02/04/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: DUARTE, JAIME
Address: 1610 S.E. SALADINO STREET
City-St-Zip: PALM BAY, FL 32909

Title: VP ( ) Delete
Name: AVILA, JAIME
Address: 1931 S PINE DR
City-St-Zip: FT MYERS, FL 33907

Title: T ( ) Delete
Name: AVILA, ANJEL
Address: 1931 S PINE DR
City-St-Zip: FT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: DUARTE, JAIME
Address: 650 SANFORD STREET
City-St-Zip: PALM BAY, FL 32908

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME DUARTE DPS 02/04/2009
Electronic Signature of Signing Officer or Director — Date