

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90006 040 \*\*\*150.00

DOCUMENT # P93000031098

1. Entity Name

ISAACS ROOFING & INSULATION CORPORATION



Principal Place of Business

7345 SW 152 ST  
MIAMI FL 33157  
US

Mailing Address

~~7345 SW 152 ST~~ 2035 NW 1st Place  
~~MIAMI FL 33157~~ Unit #1  
US Miami, FL 33127

2. Principal Place of Business

2035 NW 1st Place

3. Mailing Address

2035 NW 1st Place

Suite, Apt. #, etc.

Unit #1

Suite, Apt. #, etc.

Unit #1

City & State

Miami, FL

City & State

Miami, FL

Zip

33127

Country

Zip

33127

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0405125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL SOL, ISAIAS  
~~7345 SW 152 ST~~  
~~MIAMI FL 33157~~

Name

Street Address (P.O. Box Number is Not Acceptable)

2035 NW 1st Place

Unit #1

City

Miami

FL

Zip Code

33127

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS (CHANGES) TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME DEL SOL, ISAIAS  
STREET ADDRESS 7345 SW 152 ST  
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE  
NAME 2035 NW 1st Pl, Unit #1 ☒ Change ☐ Addition  
STREET ADDRESS Miami, FL 33127  
CITY-ST-ZIP

TITLE DVP  
NAME ROJAS, EDWARD A  
STREET ADDRESS 7345 SW 152 ST  
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE  
NAME 2035 NW 1st Place, Unit #1 ☒ Change ☐ Addition  
STREET ADDRESS Miami, FL 33127  
CITY-ST-ZIP

TITLE ST  
NAME DEL SOL, CLARA  
STREET ADDRESS 7345 SW 152 ST  
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE  
NAME 2035 NW 1st Place - Unit #1 ☒ Change ☐ Addition  
STREET ADDRESS Miami, FL 33127  
CITY-ST-ZIP

TITLE VP  
NAME GONZALEZ, ALAIN I  
STREET ADDRESS 7345 SW 152 ST  
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE  
NAME 2035 NW 1st Place, Unit #1 ☒ Change ☐ Addition  
STREET ADDRESS Miami, FL 33127  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Clara Del Sol*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04 (305) 576-7411  
Date Daytime Phone #