

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000031098

FILED
Jan 31, 2005
Secretary of State

Entity Name: ISAACS ROOFING & INSULATION CORPORATION

Current Principal Place of Business:

2035 NW 1ST PLACE
UNIT #1
MIAMI, FL 33127 US

New Principal Place of Business:

Current Mailing Address:

2035 NW 1ST PLACE
UNIT #1
MIAMI, FL 33127 US

New Mailing Address:

FEI Number: 65-0405125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL SOL, ISAIAS
2035 NW 1ST PLACE
UNIT #1
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEL SOL, ISAIAS
Address: 2035 NW 1ST PLACE, UNIT #1
City-St-Zip: MIAMI, FL 33127

Title: DVP () Delete
Name: ROJAS, EDWARD A
Address: 2035 NW 1ST PLACE, UNIT #1
City-St-Zip: MIAMI, FL 33127

Title: ST () Delete
Name: DEL SOL, CLARA
Address: 2035 NW 1ST PLACE, UNIT #1
City-St-Zip: MIAMI, FL 33127

Title: VP () Delete
Name: GONZALEZ, ALAIN I
Address: 2035 NW 1ST PLACE, UNIT #1
City-St-Zip: MIAMI, FL 33127 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: CLARA DEL SOL

ST

01/31/2005

Electronic Signature of Signing Officer or Director

_____ Date