2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 20, 2007 8:00 am DOCUMENT # P93000058386 **Secretary of State** 03-20-2007 90016 040 ***150.00 TOUGH ROOFING COMPANY INCORPORATED Principal Place of Business Mailing Address 20470 NW 24TH CT 20470 NW 24TH CT OPA LOCKA FL 33055 OPA LOCKA FL 33055 Principal Place of Business - No P.O. Box # Mailing Address 0430 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0427899 MSAMI Not Applicable \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jafvers WALKER, JEFFERS O. Box Numbor is Not Acceptable) 20501 NW 24 CT **MIAMI FL 33056** 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 familia the obligations of registered agent. SIGNATURE _ Signature, typed or printed name of registered agent and title in applicable (NOTE, Registered Agent eignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESSALENT 10111 ☐ Delete HHE Addition WALKER, JEFFERS NAMÉ WALLUEID NAME 20470 NW 24TH CT 24 COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33056 CITY SI-ZIP CHY ST-ZIP VΡ THE ☐ Defete TITLE Change ■ Addition WALKER, THOMAS NAMI NAME 20430 N.W. 24TH CT. STREET ADDRESS STREET ADDRESS **MIAMI FL 33056** CITY-ST-ZIP CITY-ST-ZIP VPDS îiiii டi Delete THE I Change Addition WALKER, THOMAS NAME STRUCT ADDRESS 20430 NW 24 CT STREET ADDRESS **MIAMI FL 33056** CITY - ST - ZIP CHY-ST-ZIP THRE Delete ☐ Change ☐ Addition WALKER, THOMAS NAME NAMI 20430 N.W. 24 CT. STREET ADDRESS STREET ADDRESS MIAMI FL 33056 CHY-SI-ZIP CHY ST 7IP 11711 Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY - ST - ZIP CITY ST-ZIP 1000 Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST- /IP 12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 poceiver 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 of the corporation or the if changed, or on an atta

other like empowered

SIGNATURE:

FILED