

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Serving the Government
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Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

15 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000033554 (4)**

1 Corporation Name

DB ROOFING CORP.

Principal Place of Business: **7105 SW 8TH STREET STE. 309 MIAMI FL 33144**
Mailing Address: **7105 SW 8TH STREET STE. 309 MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

3. Is this corporation or qualified?	3a. Date of Last Report
	05/03/1994
4. FEI Number	Applied For Not Applicable
65-0488197	
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
8. This corporation has liability for damages as under § 199.033 Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. 9631 SW 77TH AVE.	26. 7105 SW 8TH STREET STE. 309 MIAMI FL 33144
22. State Apt. # etc. C-106	27. State Apt. # etc.
23. City & State MIAMI, FL.	28. City & State
24. Zip 33156	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALVAREZ, LUIS CPA 7105 SW 8TH STREET STE. 309 MIAMI FL 33144		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of a registered agent, Florida Statutes.

SIGNATURE

As the registered agent, I hereby accept my appointment as registered agent.

As the president or officer, I hereby accept my appointment as registered agent.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. NAME		1. NAME	PRESIDENT
2. STREET ADDRESS		2. STREET ADDRESS	DON BOYCE
3. CITY & STATE		3. CITY & STATE	9631 SW 77TH AVE C-106
4. ZIP		4. ZIP	MIAMI, FL. 33156-2605
5. NAME		5. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
7. CITY & STATE		7. CITY & STATE	
8. ZIP		8. ZIP	
9. NAME		9. NAME	
10. STREET ADDRESS		10. STREET ADDRESS	
11. CITY & STATE		11. CITY & STATE	
12. ZIP		12. ZIP	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	
16. ZIP		16. ZIP	
17. NAME		17. NAME	
18. STREET ADDRESS		18. STREET ADDRESS	
19. CITY & STATE		19. CITY & STATE	
20. ZIP		20. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 199.033(b) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this corporation or the manager or trustee empowered to make this report as required by Chapter 627, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X Don Boyce**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 305-271-3588