FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90239 010 ***150.00

DOCUMENT # P94000055713

1. Entity Name
Rooftop Cleanup Crew Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Orlando	P.O. Box 617392
Suite, Apt. #, etc.	Suite, Apt. #, etc.
5803 North Lane	
City & State: Orlando Florida	City & State: Orlando Florida
Zip: 328 Country: Orlando	Zip: 32861 Country: Orange

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0509282 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alberto SHEILS

Street Address (P.O. Box Number is Not Acceptable): 5803 North lane

City: Orlando **FL** Zip Code: 32808

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: Alberto SHEILS — 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Willie Madison Vice President 608 Indiana St Orlando fl 32805
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Yonelqui PEREZ Vice President 4878 Nantucket Lane Orlando Fl 32839
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Alberto SHEILS P.O. Box 617392 Orlando fl 32861
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alberto SHEILS — 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #