2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000082384

Address:

City-St-Zip:

9089 SW 1ST ST.

BOCA RATON, FL 33428

STATE WIDE ROOFING SERVICE INCORPORATED

FILED Apr 17, 2006 Secretary of State

Entity Nai	ME: STATE WIDE ROOFING SERVICE	INCORPORATED		
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
	21ST STREET D BEACH, FL 33069 US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	21ST STREET D BEACH, FL 33069 US			
FEI Number	: 65-0533807 FEI Number Applied For ()) FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Current Registered Agen	t: Name and Address of	Name and Address of New Registered Agent:	
1574 SW 2	LEVINDFO E 21ST LN TON, FL 33486 US	BALTAR, LEVINDO E 1574 SW 21ST LN BOCA RATON, FL 334		
	named entity submits this statement for e of Florida.	the purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: LEVINDO BALTAR			04/17/2006	
	Electronic Signature of Registered	l Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD () Delete BALTAR, LEVINDO E 1817 NW 21ST STREET POMPANO BEACH, FL 33069 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () Delete BALTAR, LIZANEAS P 22320 SW 57TH CIRCLE BOCA RATON, FL 33428	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	TD () Delete FERNANDES, CLAUDIO	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: LEVINDO BALTAR PSD 04/17/2006