2005 FOR PROFIT CORPORATION Aug 24, 2005 8:00 am

FILED Aug 24, 2005 8:00 am Secretary of State

DOCUMENT # P9400087386 1. Entity Name ALL FLORIDA ROOFING & REPAIRS, INC.								Secretary of State 07-29-2005 90011 024 ***150.00					
Principal Place of Business Mailing Address 2800 ALLENHILL AVE., SUITE D MELBOURNE FL 32940 MELBOURNE FL 32940													
2. Principal Place of Business			3. Mail	3. Mailing Address								0) u	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				2nd MOORE CR2E034 (5/05)					
City & State				/ & State			4. FEI Numb	59-3285035 Not Applicab			Applicable		
Zip	<u> </u>		Zip			ntry		e of Status Desired	C)	\$8.75 Fee Roo		beno:	
	6. Name	e and Address of Current	t Registere	rd Agent		Name	/. Name an	d Address of New R	legistereu	Agent	-		
280	O ALLEN	MICHAEL IHILL AVE., SUITE E FL 32940	. D			Street Address (P.O. Box Number is Not Acceptable)							
						Cin				7in	Zip Code		
						City	• • • • • • • • • • • • • • • • • • • •		FL				
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.		d or printed neme of registered agen	ni and tele if spr	phcable (NO1	E Registere	id Apent signatura req	gured when reinstating)		DATE				
FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows in tate fee. By checking this box did not receive prior notice. F							oration certifies it.	9. Election Campa Trust Fund Con		_		May Be to Fees	
10.		OFFICERS AND						L CHANGES TO OFF	ICERS AN	D DIRECT	TORS #	N I I	
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12. I horeby a	coetite that th	e information supplied wi	ith this filing	- does not qualify fo		r-SI-ZIP	n Section 119.07(3	Vii) Florida Statutes.	I further ce	ertify that t	the info	rmation	
12. I hereby certify that the information supplied with this filling 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 end accurate and that my signature shall have the same legal effect as if made under eath; 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNAT	rure: .	1 1		//	<u>പ</u>	> Micha	el Gucc	ione 7/25	les	321-2	42-	4988	

ATTACHMENT

ALL FLORIDA ROOFING & REPAIRS INC. LICENSED & INSURED

321-242-4988 2800 ALLENHILL AVE. MELBOURNE FLA. 32940

CCC058233

8-17-05

FLORIDA DEPARTMENT OF STATE DIVISIONS OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE FL.32314 REFERENCE # P94000087386

WE NEVER RECEIVED ANY LETTER OR POST CARD BEFORE THE MAY FIRST DEADLINE.
THEREFORE I AM REQUESTING YOU TO WAIVE THE LATE FEE.

I AM RETURNING THE APPLICATION, WITH THE PROPER BOX CHECKED.

I HOPE THIS IS SATISFACTORY, YOU ALREADY HAVE THE CHECK.

THANK YOU

Michael Guccione - president

: mg/img