DOCUMENT # P94000087386

1. Entity Name

ALL FLORIDA ROOFING & REPAIRS, INC.



Feb 11, 2003 8:00 A.M. Secretary of State

	Place of Busin		3. Mailing Address		Pages of a Capagist Victory								
		<u> Hill Avenu</u>	2800 Allen	Hi11	Aven	ue_							
Suite, Apt. Suit e			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Stat			Suite D City & State				I A FELNING						
	ourne,	FI.	Melbourne,	FT.		59-3285035			Applied For				
Zip		Country USA	32940	ry	_	Certificate of Status Desired	¢0.75						
3294	0	Brevard	32940	•	ee Required								
						7. Name and Address of Current Registered Agent							
ale and the second	An walk con a way in	O NOT W			Name Guccione, Michael								
	لايي	O NOT W	RIIE		Street Address (P.O. Box Number is Not Acceptable)								
	11	V THIS SP	ACE	-	2800 Allen Hill Avenue Suite D								
	40		794										
		Net Ara ara da Gura. 1880		City		Zip Code							
8. The above	named entity	submits this statement for	the purpose of changing its	renisteren	d office or re	Melb	ourne jent, or both, in the State of Floi	ide Lamban	<u> 32940 </u>				
the obligat	ions of registe	ered agent.	and postpood of origing no	rogistorec	2 011100 01 10	agistered ag	ent, or both, in the State of Floi	iua. i am ian	niliar with, and accept				
SIGNATURE .	Signature, typed o	r printed name of registered agent a	nd title if applicable (NOT	E: Projetered	Accest elegative	required when re	landaria d						
- Jar	West assessment of the second	y 1 Fee is \$150.00	(NOT	L. riegistereo i	Agent signatore	required when re	einstaung)	DATE					
	After May 1	Fee is \$550.00					9. Election Campaign Fina		\$5.00 May Be				
Make Check	Payable to	UBR is \$61,25 Florida Department of	State				Trust Fund Contribution.		Added to Fees				
10.		OFFICERS AND [\$1000 Marie 1 40000	WW0 11 2 30	ering of	TO ALL IN MANUAL		Corr over	or Carlotte Commence and Commence				
TITLE	Pres	ident		TITLE	的智慧的第 号	real, Intervience	AND CONTROL OF THE CO	Labella, action, of California					
NAME		ione, Michae	1	NAME		A Alexander	- 8000123 -02/11/0301070	1512 -001 *	245 * 61.25				
STREET ADDRESS	2800	Allen Hill	Ave., #D	设施	ADDRESS			JUL A	*D1.63				
CITY-ST-ZIP		ourne, FL 32	2940	CITY-S	T-ZIP	and Caronic							
TITLE		President		TITLE			en de la companya de La companya de la co						
NAME STREET ADDRESS		ert, Jonatho		NAME		10,000,000,000		经净帐间					
CITY-ST-ZIP		Allen Hill		CITY-S	ADDRESS	an and a second							
TITLE		ourne, F1 32 President	.940	TITLE		to, somewhere.		The state of the	Balander (1995) (1995) (1995) (1995) (1995) Balander (1995) (1995) (1995) (1995) (1995) (1995) (1995)				
NAME		er, Carl		NAME									
STREET ADDRESS		Allen Hill	Ave., #D	A CONTROL OF	ADDRESS				Carlot Carlot				
.CIT.Y-ST-ZIP	Me1-bo	ourne,-FL-32	940	_ i_city.si	I-ZIP≈=== ≥	of the case of the	_DO_NOT_\	NRII	L				
TITLE				THLE	Sitta (Sanga (Si	电子型型	INITHIC	DAC	P. V. Sakoli, Sangaran				
NAME				NAME			IN THIS S	MAU					
STREET ADDRESS CITY-ST-ZIP				电影影响	ADDRESS			rational de la company de La company de la company d	· · · · · · · · · · · · · · · · · · ·				
				CITY-SI	I - ZIP				The state of the s				
TITLE NAME				TITLE									
STREET ADDRESS				NAME	ADDRESS	de la companya de la La companya de la co		A think on his on	1477 1 2 BEET AND 10 1989 A				
CITY-ST-ZIP				CITY-ST	到底的一个一种			Marine W. Alfred	二、一种精神的一种种种种的				
TITLE			· · · · · · · · · · · · · · · · · · ·	TITLE									
NAME				NAME	4.14	a in the sensition manufaction	American mentalis II, soliner des mans () , els estralistes () fig.						
STREET ADDRESS				STREET	ADDRESS	SALE E							
CITY-ST-ZIP				CITY-ST	+ZIP	17 大型性制度			*				
12 Thoroby or	and the same								the state of the s				

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 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 enter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Guccione

Feb 7, 2003

4988 Daytime Phone #

321/242-