2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Aug 04, 2006 08:00 A Secretary of State DOCUMENT # P95000004885 1. Entity Name ALL STAR ROOFING INC. Principal Place of Business Mailing Address 3350 NW 6TH ST 3350 NW 6TH ST FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Applied For 4, FEI Number City & State City & State 65-0549115 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, ANGELA Street Address (P.O. Box Number is Not Acceptable) 3350 N.W. 6 STREET FT. LAUDERDALE FL 33311 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE Delete TOLE ☐ Change ☐ Addition TAYLOR, ANGELA NAME NAME 3350 NW 6TH ST U00000573519 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33311 08/04/06-80010-022 550.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition BARNES, SYLVESTER NAME 2980 NW 51 STREET ADDRESS STREET ADDRESS MIAMI FL 33142-3563 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITE ☐ Change Addition HOWARD, NICOLE NAME NAME 3350 NW 6ST STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33311 CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7P CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 at 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.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

7/31/06 954-649-8005