## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



appears in Block 12 or Block 13 if changed, or on an attachment with an address

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

1996 DIVISION OF CORPORATIONS P95000041087 (4) DOCUMENT # GENESIS ROOFING, CORP. Principal Place of Business Mailing Address 7023 S.W. 13TH TERRACE 7023 S.W. 13TH TERRACE MIAMI FL 33144 MIAMI FL 33144 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1995 2. Principal Place of Business 4, FEI Number 2a. Mailing Address Applied For 7023 SW 12 7023 SW 13 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired X Fee Required & State 6. Election Campaign Financing \$5.00 May Be  $\Gamma$ lami Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, U.5 a 29 Florida Statutes ☐ Yes ☐ No 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name CRESPO, LUIS A Street Address (P.O. Box Number is Not Acceptable) 82 610 S.W. 47TH AVENUE 83 MIAMI FL 33144 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and despit the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

OUTS A. CRESPO

OUTS A. CRESPO tered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (12/95)FICERS AND DIFFECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TillE DELETE 1.1 TITLE Change Add tion CRESPO, LUIS A 1.2 NAME CR2E034 NAME 610 S.W. 47TH AVE. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33144** 1.4 City - St - Zip CHTY-ST-ZIP DELETE ☐ Change Addition 2 1 TUTE TIT: F NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TIBLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3. STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP DELETE Change 4 1 TITLE ■ Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-2IP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5 1 TITLE 52 NAME NAM( STREEL ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change ■ Addition 11116 6. 1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN NG OFFICER OR DIRECTOR OF DIRECTOR DIR

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and 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