


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90253 012 ***150.00

DOCUMENT # P95000061061 1. Entity Name ROOF TILE SYSTEMS INC.			
Principal Place of Business 2339 W 9TH CT HIALEAH, FL 33010 US		Mailing Address 2339 W 9TH CT HIALEAH, FL 33010 US	
2. Principal Place of Business 40 W 22 Street Suite, Apt. #, etc. Bay # 3 City & State Hialeah, FL Zip 33010 Country USA		3. Mailing Address Suite, Apt. #, etc. SAME City & State SAME Zip 33010 Country USA	
4. FEI Number 65-0601342		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PEREZ, REIMUNDO 14547 SW 113TH LANE MIAMI, FL 33010		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, REIMUNDO 14547 SW 113TH LANE MIAMI, FL 33010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		REIMUNDO PEREZ 4/12/04 (305) 889-0505	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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