

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000075532**

1. Entity Name  
50/50 ROOFING CONSULTANT SERVICE, INC.



Principal Place of Business  
216 NW 77TH AVE  
MARGATE, FL 33063

Mailing Address  
216 NW 77TH AVE  
MARGATE, FL 33063



04282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0612877

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DASILVA FILHO, JOAO PEREIRA  
216 NW 77TH AVE  
MARGATE, FL 33063

**DO NOT WRITE  
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
DASILVA FILHO, JOAO PEREIRA  
216 NW 77TH AVE  
MARGATE, FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
VOLUNTONIS, JULIO CEZAR  
216 NW 77TH AVE  
MARGATE, FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000553833  
05/15/06-80069-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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 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: *Julio Cezar Voluntonis* **JULIO CEZAR VOLUNTONIS** 04/28/06 (954) 971-1774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Necessary Phone #)