
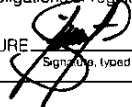
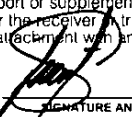


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90069 001 ***158.75

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		
2. Principal Place of Business - No P.O. Box # 5491 N.W. 15 STREET		3. Mailing Address 5491 N.W. 15 STREET			
Suite, Apt. #, etc. BAY 9		Suite, Apt. #, etc. BAY 9			
City & State MARGATE FL		City & State MARGATE, FL			
Zip 33063		Country USA		4. FEI Number 65-0612877	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent DASILVA FILHO, JOAO PEREIRA 216 NW 77TH AVE MARGATE, FL 33063			7. Name and Address of New Registered Agent Name DASILVA FILHO, JOAO PEREIRA Street Address (P.O. Box Number is Not Acceptable) 1093 N.W. 84th DRIVE City CORAL SPRINGS FL Zip Code 33071		
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 		PRESIDENT Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 05/03/07	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	PTD DASILVA FILHO, JOAO PEREIRA 216 NW 77TH AVE MARGATE, FL 33063 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DASILVA FILHO, JOAO PEREIRA 1093 N.W. 84th DRIVE CORAL SPRINGS, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VOLUNTONIS, JULIO CEZAR 216 NW 77TH AVE MARGATE, FL 33063 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VOLUNTONIS, JULIO CEZAR 1093 N.W. 84th DRIVE CORAL SPRINGS, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  JOAO PEREIRA DA SILVA FILHO (PTD) 05/03/07 (954) 971-1774 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40107309



05032007 Chg-P CR2E034 (12/06)

ATTACHMENT
40107309
50/50 Roofing Consultant Services, Inc.
5491 NW 15th Street, Bay 9
Margate, FL 33063
954-971-1774

May 3, 2007

Florida Department of State
Division of Corporation
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document N° **P95000075532**

Dear Sir or Madam:

I, the undersigned, hereby, very respectfully request the acceptance of the attached check N° 2292 on \$ 158.75, covering the 2007 **Uniform Business Report**.

Our firm moved to a different location, and therefore, we strongly believe that's the reason we never received your UBR card on time.

If additional questions are required, please feel free to contact us at your earliest convenience.

Sincerely:



João Da Silva Filho
President