2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 06, 2006 08:00 AM DOCUMENT # P96000016099 **Secretary of State** t. Entity Name HIGH POINT ROOFING CORP. Principal Place of Business Mailing Address 6410 N.W. 2ND STREET MIAMI FL 33126 6410 N.W. 2ND STREET **MIAMI FL 33126** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Abt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied Far 4. FEI Number 65-0643237 Not Applicable 20 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIBILA, BENITO Street Address (P.O. Box Number is Not Acceptable) 6410 N.W. 2ND STREET **MIAMI FL 33126** 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 partled name of registered agent and title if applicable (NOTE: Ripgistered Agent signature required when reinstating) DARE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MILE PSD Delete ISSLE Addition Change U00000421071 NAME SIBILA, BENITO NAME 02/16/06-80019-020 150.00 STREET ADDRESS 6410 N.W. 2ND STREET STREET ADDRESS CITY-ST-7/P MIAMI FL 33126 CITY-ST-ZIP TITLE VPD Deleie HitLE ☐ Change Addition HAM SIBILA, BEN NAME STREET ADDRESS 6410 N.W. 2ND STREET STREET ADDRESS CITY-ST-749 MIAMI FL 33126 CITY-ST-ZIP T227 / Tierete ☐ Change ☐ Addition NAME SIBILA, ERIK NAME STREET ADDRESS 6410 N.W. 2ND STREET STREET ADDRESS C174 - ST - ZIP CKY-ST-ZIP MIAMI FL 33126 TITLE Delete TITLE ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RITLE Defete HILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City- \$1-21P 0114-51-21P MLE Detete THILE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-SY-DP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this 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.

FILED

2/4/06 786-286-4732