

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-07-2008 90025 026 ***150.00

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1. Entity Name
RAPID ROOFING, INC.



Principal Place of Business
**550 AVE A
KEY LARGO, FL 33037**

Mailing Address
**550 AVE A
KEY LARGO, FL 33037**

66003162



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0697449

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASARIEGO, OSCAR
550 AVE A
KEY LARGO, FL 33037**

**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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CASARIEGO, OSCAR**
STREET ADDRESS **550 AVE A**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **D**
NAME **CASARIEGO, OSCAR**
STREET ADDRESS **550 AVE A**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **D**
NAME **CASARIEGO, MARLEN**
STREET ADDRESS **550 AVE A**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **D**
NAME **CASARIEGO, JAVIER**
STREET ADDRESS **550 AVE A**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-08

Date

305-345-7290

Daytime Phone #

OSCAR CASARIEGO PRESIDENT