## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 11, 2005 08:00 AM **Secretary of State** DOCUMENT # P97000001298 JSM ROOFING CORP Principal Place of Business Mailing Address 275 HARBOR DRIVE 275 HARBOR DRIVE KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 01262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0716214 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUAREZ-MUNIAS, JORGE DO NOT WRITE 275 HARBOR DRIVE KEY BISCAYNE, FL 33149 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 reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PVS TITLE SUAREZ-MURIAS, JORGE NAME STREET ADDRESS 275 HARBOR DRIVE 000000259259 03/11/05-80017-021 150.00 CITY-ST-ZIP KEY BISCAYNE, FL 33149 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 teport 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

SIGNATURE:

NAME STREET ADDRESS CITY - ST - ZIP

> SIGNATURE AND T PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR