FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000094782 (4) FLORIDA ROOF PRO INC.

## **FILED** May 07 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			O IDANA DIDIH LOODA NAISO SIRU 1981
2701 NW 108T		2701 NW 108TH AVE.			
SUNRISE FL 33322 SUNRISE FL 3332				DO NOT WRITE IN T	LUC DDAGE
				DO NOT WRITE IN T  3. Date Incorporated or Qualified	HIS SPACE
				11/03/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	5W 31 Avenue	26 1818 6W 3	1 Avenue		Not Applicable
Suite, Apt		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	mpole, H	City & State  28 Hollomod C	A	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 22	Country	8. This corporation owes or has paid th	
24 <b>33</b> 0		29 33009 30	o USA	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent  OAUTAAN CUCAN D  81 Name					
SAIFMAN, SUSAN B					
2701 NW 108TH AVE.			82 Street Add	ress (P.Q. Box Number is Not Acceptable)	
SUNRISE FL 33322   1818 5 W				JW JI HUGIO	
			B4 City L	lamala	FL 33009
11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1598. Florida Statutes	the above-named cor	poration submits this statement for the purpo	se of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered igent, or both, in the State of Funda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
M = M = M = M = M = M = M = M = M = M =					
SIGNATURE	Sonature, typed or printed name of registered and		Registered Agont signature requ	in 60 with thin attacking)	NE
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP	DELETE	1.) TITLE		Change Addition
NAME	SAIFMAN, MICHAEL		1.2 NAME		
STREET ADDRESS	2701 NW 108TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33322	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE	DST CAUCHANI CUICAN B	☐ vectie	2.1 TITLE		Ostalige Accessor
NAME	SAIFMAN, SUSAN B		2.2 NAME 2.3 STREET ADDRESS	1818 SW 31 Avenue	
STREET ADDRESS	1341 NW 96TH AVE. PLANTATION FL 33322		2.3 STREET ADDRESS	Hollomoole, Fl 33009	
CITY-ST-ZIP TITLE	TOWN AND THE GOOZE	DELETE	3.1 TiTLE	HAMANOACE HAT SOOF	Change Addition
NAME			3.2 NAME		·
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLF		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Chice	5.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	6.1 TITLE		CT CHANGE CT MODITION
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 truster employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attagraphent with an address.

954-962-1911