

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000017791

Entity Name: PASAT ROOFING, INC.

FILED  
Mar 12, 2009  
Secretary of State

## Current Principal Place of Business:

3501 N.W. 10 AVENUE  
OAKLAND PARK, FL 33309

## New Principal Place of Business:

## Current Mailing Address:

3501 N.W. 10 AVENUE  
OAKLAND PARK, FL 33309

## New Mailing Address:

FEI Number: 65-0816294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PASAT, COSTINEL L SR.  
5060 KING ARTHUR AVE  
DAVIE, FL 33331 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PASAT, COSTINEL L SR.  
Address: 5060 KING ARTHUR AVE  
City-St-Zip: DAVIE, FL 33331

Title: V ( ) Delete  
Name: PASAT, COSTINEL JR  
Address: 4116 NW 88 AVE #207  
City-St-Zip: POMPANO BEACH, FL 33065

Title: S ( ) Delete  
Name: PASAT, ELENA L  
Address: 410 NW 68 AVE #110  
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete  
Name: PASAT, MARIA A  
Address: 5060 KING ARTHUR AVE  
City-St-Zip: DAVIE, FL 33317

Title: D ( ) Delete  
Name: PASAT, GHEORGHE C  
Address: 2050 NW 88 AVE #222  
City-St-Zip: HOLLYWOOD, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COSTINEL PASAT SR

PD

03/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date