


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 JUL 20 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSA

DOCUMENT # P98000018098			
1. Entity Name SHILOH ROOFING CO., INC. OF SOUTH FLORIDA			
Principal Place of Business 1040 N.W. 125TH STREET MIAMI, FL 33168		Mailing Address 1040 N.W. 125TH STREET MIAMI, FL 33168	
2. Principal Place of Business P.O. Box 610490		3. Mailing Address Same.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Miami, FL		City & State	
Zip 33261	Country USA	Zip	Country
4. FEI Number 65-0836162		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDSON, MICHAEL M 1040 N.W. 125TH STREET MIAMI, FL 33168		7. Name and Address of New Registered Agent Name Michael M. Hudson Street Address (P.O. Box Number is Not Acceptable) 14741 Old Sheridan Rd. City Southwest Ranches FL Zip Code 33330	
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 <i>Michael M. Hudson</i> DATE 7/19/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSA HUDSON, MICHAEL M 1040 NW 125TH ST MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSA Michael M. Hudson P.O. Box 610490 North Miami, FL 33261 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400077970754 07/26/06--01005--012 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Michael M. Hudson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 7/19/06 DAYTIME PHONE # 305-807-8870	