

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90207 016 ***158.75

DOCUMENT # P98000046749

1. Entity Name
PORTO AND GARCIA ROOFING INC.



Principal Place of Business
**8365 NW 157 TERR
MIAMI LAKES, FL 33016**

Mailing Address
**8365 NW 157 TERRACE
MIAMI LAKES, FL 33016**

40024785



2. Principal Place of Business

**6447 MIAMI LAKES DR.
Suite, Apt. #, etc.
200 J**

3. Mailing Address

**6447 MIAMI LAKES DR
Suite, Apt. #, etc.
200 J**

02232005

Chg-P

CR2E034 (10/03)

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

4. FEI Number

65-0837882

Applied For

Not Applicable

Zip

33014

Country

MIAMI DADE

Zip

33014

Country

MIAMI DADE

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PORTO, JOSE L
8365 NW 157 TERRACE
MIAMI LAKES, FL 33016**

7. Name and Address of New Registered Agent

Name **PORTO, JOSE L.**

Street Address (P.O. Box Number is Not Acceptable)

6447 MIAMI LAKES DR.

200 J

City **MIAMI**

FL

Zip Code

33014

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 reinstating)

DATE

2/25/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **PORTO, JOSE L**
STREET ADDRESS **8365 NW 157 TERRACE**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **VP** ☐ Delete
NAME **GARCIA, MIGUEL**
STREET ADDRESS **15042 SW 34 TER**
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

JOSE L. PORTO

2/23/05

Date

786 234-4126

Daytime Phone #