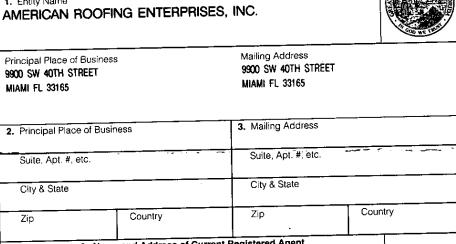
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR



FILED
Mar 19, 2003 8:00 am
Secretary of State
03-19-2003 90150 024 \*\*\*150.00

DOCUMENT #	P98000053235	
. Entity Name MERICAN ROOFING I	ENTERPRISES, INC.	



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Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Country  Country  Country  5. Certificate of Status Desired  \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent  Name  CRUZ, JULIO  9900 SW 40TH ST  MIAMI FL 33165  City  FL  Zip Code  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. Lam familiar with, and accept the obligations of registered agent.										
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S. Name and Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O.	City & State City & State					4. FE	Number 65-0844171			
CRUZ, JULIO  \$900 SW 40TH ST MIAMI FL 33165  City FL C	Zip	Country	Zip	Coun	try	<b>5.</b> C	ertificate of Status Desired	) <b>\$</b>	8.75 Additi se Required	ional
CRUZ, JULIO 9900 SW 40TH ST MIAMI FL 33165  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Delate of Florida D		Address of Curr	ent Registered Agent			7. Na	ame and Address of New Regis	ered Ag	ent	
### Addition    Signature	6. Nar	THE AND ADDRESS OF CUIT	ent riegioteire i gette		Name		·			
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indicated on this report or supplied with this tiling 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 tristee simplywered 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: