2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 8:00 am
Secretary of State
02-06-2008 90029 004 ***158.75

DOCUMENT # P99000005954

1. Entity Name

ROOF DOCTORS - SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
~~433 S. DIXIE HWY EAST~~ ~~POMPANO BCH FL 33060~~	11820 NW 41ST ST. POMPANO BEACH FL 33065

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11820 NW 41st St	11820 NW 41st St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs FL	City & State: Coral Springs FL
Zip: 33065 County: Broward	Zip: 33065 Country: Broward

4. FEI Number 65-0899523 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE SOTO LAW GROUP P.A. 9400 S Commercial SUITE 400 FT. LAUDERDALE FL 33304	Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JACOBAZZI, ANTHONY ~~433 S. DIXIE HWY EAST~~ ~~POMPANO BCH FL 33060~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11820 NW 41st St Coral Springs FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JACOBAZZI, MICHAEL ~~433 S. DIXIE HWY EAST~~ ~~POMPANO BCH FL 33060~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11820 NW 41st St Coral Springs FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JACOBAZZI, DENISE ~~433 S. DIXIE HWY EAST~~ ~~POMPANO BCH FL 33060~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11820 NW 41st St Coral Springs FL 33065
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Steven B. Jacobazzi 1-28-08 954-784-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #