

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005954

FILED
Feb 17, 2009
Secretary of State

Entity Name: ROOF DOCTORS - SOUTH FLORIDA, INC.

Current Principal Place of Business:

11820 NW 41ST STREET
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

11820 NW 41ST STREET
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0899523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THE SOTO LAW GROUP P.A.
915 MIDDLE RIVER DR., SUITE 207
FT. LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

THE SOTO LAW GROUP P.A.
2400 E. COMMERCIAL BLVD.
SUITE 400
FT. LAUDERDALE, FL 33308 US

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:

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: JACOBBAZZI, ANTHONY
Address: 11820 NW 41ST STREET
City-St-Zip: POMPANO BEACH, FL 33065

Title: PD () Delete
Name: JACOBBAZZI, MICHAEL
Address: 11820 NW 41ST STREET
City-St-Zip: POMPANO BEACH, FL 33065

Title: STD () Delete
Name: JACOBBAZZI, DENISE
Address: 11820 NW 41ST STREET
City-St-Zip: POMPANO BEACH, FL 33065

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:

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: DENISE JACOBBAZZI

STD

02/17/2009

Electronic Signature of Signing Officer or Director

Date