

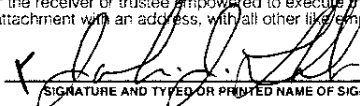


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90314 022 \*\*\*158.75

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # P99000088289</b><br>1. Entity Name<br><b>SOUTH FLORIDA BUILDING &amp; ROOFING SUPPLY COMPANY</b>   |   |   |   |   |  |
| Principal Place of Business<br><b>3281 LAKE WORTH RD., SUITE H<br/>LAKE WORTH, FL 33461</b>  |   |   |   | Mailing Address<br><b>3281 LAKE WORTH RD., SUITE H<br/>LAKE WORTH, FL 33461</b>    |  |
| <b>2. Principal Place of Business</b><br><br>Suite, Apt. #, etc.   |   | <b>3. Mailing Address</b><br><br>Suite, Apt. #, etc.  |   |  |  |
| City & State<br><br>-Zip- -Country-  |   | City & State<br><br>-Zip- -Country-   |   | 01092004 Chg-P CR2E034 (10/03)   |  |
| <b>4. FEI Number</b><br><b>65-0954178</b>  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>LABBE, JULIAN<br/>244 BROWARD AVENUE<br/>GREENACRES, FL 33463</b>   |   |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| <b>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.</b><br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>LABBE, JULIAN<br/>244 BROWARD AVENUE<br/>LAKE WORTH, FL 33463</b>    | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>MAZZA, MARIO JR.<br/>3010 MAINSAIL CIRCLE<br/>JUPITER, FL 33477</b> | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   |  |  |
| <b>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.</b> |   |   |   |  |  |
| <b>SIGNATURE:</b>  <b>JULIAN LABBE</b> <b>4/14/04</b> <b>561-439-3698</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |   |   |   |  |  |