2005 FOR PROFIT CORPORATION

SIGNATURE: ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1. Entity Nam	ne	# P990000923		H				Sep 07	, 2005 retary	5 08:0 y of St	0 A	M		
SUN ROOF HAULING, INC.									Sec.	(ctai y	, or st	acc		
Principal Plac	e of Busines	s	Mailing Address											
10441 N.W.133RD STREET HIALEAH GARDENS FL 33018-1126			10441 N.W.133RD STREET				-							
HIALLAH G	AKDENS FL	. 33018-1126	HIALEAH GARDENS FL 33018-1126											
2. Principal Place of Business			3. Mailing Address											
Suite, Apt. #, etc			Suite, Apr #, etc.						nd MOORE	CR2E	034 (5/05)	م من		
City & State			City & State					4. FEI Numb	65-09565	32		Applied F Not Appl		
Zip	p Country		Zip Co.		Coun	tту	:	5. Certificate	e of Status Desire	d 🗆	\$8.75 A Fee Requi		i _	
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent Name								
ARTILLES, VICENTE														
10441 N.W.133RD STREET HIALEAH GARDENS FL 33018			1126			Street Add	dress (F	P.O. Box Numb	per is Not Accepta	ble)				
						City			<u>,,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	F	L Zip Co	ode	12)	
8. The above	named entit	y submits this statement to	or the purpos	e of changing its r							n familiar wit	h, and a	ccept	
the obligat	tions of regist	ered agent		Vicente	Art	iles Pr	esi	. & Regi	ster Agen		010 5	2005		
SIGNATURE.	SIGNATURE Signature required when remained name of registered agent and title of applicable (NOTE Registered Agent signature required when remaining) DATE													
FILE NOW!!! FEE IS \$550.00 S.607 193(2)(b), F.S., allows for the walver of the \$400.00 late fee. By checking this box, the corporation certifies it												av Be		
		eptember 7, 2005 o Florida Department o	box, the cor ce, Fee to file			Trust Fund 0	contribution.	_ `	ded to F					
10.		OFFICERS AND			11.				/ CHANGES TO C	FFICERS AT	VD DIRECTO	RS IN 1	1	
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CITA- 21-516						-SI-ZIP								
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NAME	i				NAM	- 1							;	
STREET ADDRESS CITY+ST+ZIP						FI ADDRESS -ST-ZIP								
40 11	ertify that the on this repor	e information supplied with	h this filing do	es not qualify for curate and that m	the eve		d in Sec	ction 119.07(3) same legal effe	(î), Florida Statute ct as if made und	s. I further c er oath; that	ertify that the I am an offic	informa er or dire	tion ector	
12. Thereby certify that the information supplied with this filling does not dualify for the exemption stated in section 119.07.5(i), Forded Statutes. Tractice Certify that it is micromation 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 impowered 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 entries with all other like empowered. Vicent Presi-ent 08-12-05 305-8220176												. 11 if		
SIGNATURE: 4 08-12-05 305-										305-8	220176			
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Daytime Phone #