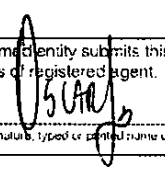
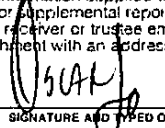


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S19317 1. Entity Name FLORIDA ROOF-TECH CORP.					
Principal Place of Business 2730 W 78TH ST HIALEAH, FL 33016 US			Mailing Address 2730 W 78TH ST HIALEAH, FL 33016 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACOSTA, ROBERTO 2730 W 78TH ST HIALEAH, FL 33016			Name RINCON, OSCAR ELIAS Street Address (P.O. Box Number is Not Acceptable) 2730 W 78 ST City HIALEAH FL Zip Code 33016		
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  (NOTE: Registered Agent signature required when renouncing) DATE					
Amended AR is \$61.25		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	P ACOSTA, ROBERTO JR. 2730 W. 78th STREET HIALEAH, FL 33016 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P RINCON, OSCAR ELIAS 8225 LAKE DRIVE, APT. C-305 DORAL, FL 33166 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	900049351459 03/29/05--01039--008 **\$61.25		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
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 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.					
SIGNATURE: 		3/24/05 (850) 521-0100 Date Daytime Phone #			

FILED
05 MAR 24 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03092005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0235348 Applied For Not Applicable

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