

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

RECEIVED MAY 06 1 14

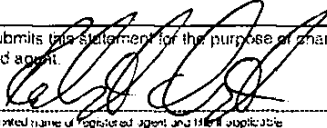
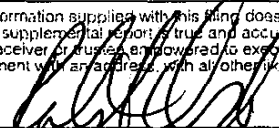
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03092005 Chg-P CR2E034 (10/03)

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	4. FEI Number 65-0235348	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RINCON, OSCAR ELIAS 8225 LAKE DRIVE, APT C-305 DORAL, FL 33166				7. Name and Address of New Registered Agent Name ACOSTA, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 2730 W 78 STREET HIALEAH City 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  DATE 04/22/05 Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when re-registering)					
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 RINCON, OSCAR ELIAS 8225 LAKE DRIVE, APT. C-305 DORAL, FL 33166	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ACOSTA, ROBERTO 2730 W. 78TH STREET HIALEAH, FL 33016	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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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 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: 				DATE 04/22/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	