## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 03, 2006 08:00 AM Secretary of State

Onyme Phone #

								Secretary of State					
DOCUMENT # S75813										_			
1. Entity Name HI-RISE COMMERCIAL ROOFING, INC.													
FILLINGE COMMETCIME KOOFING, INC.						27	罗}						
3													
Principal Place of Business Mailing Address						<del></del> -	7						
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2. Principal Place of Business 3. Mailing Address													
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Suite, Apt. #, etc.				Suite, Apt. #, etc.			7 021	72006	Chg-P	CR2E03	4 /11/05)		
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City & State				City & State				I Number	4.67		<del></del>	plied For	
Zip Country			<del></del> -	Zip	otry		5-0275°			8.75 Add	t Applicable		
	000/11/			3 J.,		··· ,	5. Certificate of Status Desired Fee Re			ee Require	d }		
	6. Name	and Address of Ct	ment Regis	tered Agent		7. Name and Address of New Registered Agent							
							Name						
SHAHIN, GEORGE 3700 HACIENDA BLVD						Street Address (P.O. Box Number is Not Acceptable)							
SUITE H													
FT LAUDERDALE, FL 33314-2823						§						}	
						City FL Zip Code							
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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.	Signature, typed	or printed name of registers	ed agent and tale	d applicable (NOT	E. Registere	d Agant signature requ	ured when rein	stating)		DATE		{	
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		FEE IS \$150.0		9. Election Campa		1	\$5.00 Ma					}	
After M	ay 1, 2006	Fee will be \$	550.00	Trust Fund Con	moution.	Ū à	Added to Fe	es				}	
10.		OFFICERS	AND DIREC	CTORS	11.		ADD	ITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	FF MI 2	
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	certify that the	information supplie	ad with this fi	ling does not quality to			ned in Cha	toter 119 I	Florida Statutes	further certif	/ that the in	Nametion	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 employeered 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.													
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