


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90020 010 ***150.00

| | | | | | |
|--|------------------|--|--|--|-----------------------------------|
| DOCUMENT # S90131 | | | |  | |
| 1. Entity Name HIGH POINT C ROOFING COMPANY, INC. | | | | | |
| Principal Place of Business 5775 CORAL WAY MIAMI, FL 33155 | | Mailing Address 5775 CORAL WAY MIAMI, FL 33155 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 02272008 Chg-P CR2E034 (12/06) | |
| Zip | | Country | | 4. FEI Number 65-0291459 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DUCASSI, HECTOR 5775 CORAL WAY MIAMI, FL 33155 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |
| 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 reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11' | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CAMARGO, LORENZO | | NAME | | |
| STREET ADDRESS | 5775 CORAL WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33155 | | CITY-ST-ZIP | | |
| TITLE | Q | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DUCASSI, HECTOR | | NAME | | |
| STREET ADDRESS | 14546 SW 94 LN | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33186 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DUCASSI, HECTOR | | NAME | | |
| STREET ADDRESS | 14546 SW 94TH LN | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33186 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | VALLEJO, JUAN E | | NAME | | |
| STREET ADDRESS | 5775 CORAL WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33155 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing 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 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: <i>Luzgi Amp Pres.</i> | | | Date: 3-27-08 | | Daytime Phone #: (305) 470-5522 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |