

**FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# P98000103651

**Entity Name:** AMADI ROOFING INC.

**Secretary of State  
CC5012046279**

**Current Principal Place of Business:**

18789 SW 105 PL  
MIAMI, FL 33157

**Current Mailing Address:**

PO BOX 972329  
MIAMI, FL 33197

**FEI Number: 65-0882876**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSTD  
Name CID, ALBERTO P  
Address 17843 SOUTHWEST 88 PLACE  
City-State-Zip: MIAMI FL 33157

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date