

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 835190

**Entity Name:** TRIPLE M. ROOFING CORP.**Current Principal Place of Business:**914 NW 19 AVE  
FT LAUDERDALE, FL 33311**Current Mailing Address:**914 NW 19 AVE  
FT LAUDERDALE, FL 33311 US**FEI Number: 11-1986288****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MILANESE, RICHARD  
914 NW 19TH AVENUE  
FORT LAUDERDALE, FL 33311 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	PRESIDENT
Name	MILANESE, THOMAS
Address	20793 SNUG CREEK COURT
City-State-Zip:	BOCA RATON FL 33498

Title	VP
Name	MILANESE, PETER
Address	15 LAWRENCE LAKE DR.
City-State-Zip:	BOYNTON BEACH FL 33436

Title	OWNER
Name	MILANESE, RICHARD
Address	320 CHARROUX DR.
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	T
Name	MILANESE, PATRICIA
Address	320 CHARROUX DR.
City-State-Zip:	PALM BEACH GARDENS FL 33410

*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: PAMELA SHURAK****CONTRACTS MANAGER****01/10/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date