## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000066879

AAA DEGT DOGENIG GODD

FILED May 11, 2008 Secretary of State

Enuty Na	IME: ATA BEST ROOFING, CORP.			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
APT 1-312	/ 284TH ST 2 EAD, FL 33033			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
APT 1-312	/ 284TH ST 2 EAD, FL 33033			
FEI Number	r: FEI Number Applied For (X	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	d Address of Current Registered Agen	t: Name and Address of	New Registered Agent:	
15400 SW APT 1-312 HOMESTI The above	TE, ANGEL / 284TH ST 2 EAD, FL 33033 US e named entity submits this statement for e of Florida.	the purpose of changing its registered	office or registered agent, or both,	
SIGNATU		J. A	- Data	
Election Ca	Electronic Signature of Registered nee with s. 607.193(2)(b), F.S., the corporation of impaign Financing Trust Fund Contribution (). S AND DIRECTORS:	did not receive the prior notice.	Date S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete ROSQUETTE, ANGEL 15400 SW 284TH ST, APT 1-312 HOMESTEAD, FL 33033	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete GARRIDO, AURORA 15400 SW 284TH ST, APT 1-312 HOMESTEAD, FL 33033	Name: ROSQUETE,	34TH ST, APT 1-312	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANGEL ROSQUETE Ρ 05/11/2008