

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000005604

Entity Name: A-1 ABLE ROOTER, INC.

FILED  
Jan 06, 2009  
Secretary of State

**Current Principal Place of Business:**

5501 SW 196 LANE  
SOUTHWEST RANCHES, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

5722 S. FLAMINGO ROAD  
#270  
FORT LAUDERDALE, FL 33330

**New Mailing Address:**

FEI Number: 65-0379185      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ZERO, MICHAEL  
5501 SW 196 LANE  
SOUTHWEST RANCHES, FL 33332      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: ZERO, MICHAEL  
Address: 5501 S.W. 196 LANE  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: DVPS ( ) Delete  
Name: ZERO, DEIRDRE  
Address: 5501 SW 196 LANE  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEIRDRE ZERO

DVPS

01/06/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date