

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90058 005 ****50.00

DOCUMENT # L06000012737

1. Entity Name
AMERICAN QUALITY REMODELING, LLC



Principal Place of Business Mailing Address
5432 ADAMS ROAD **5432 ADAMS ROAD**
DELRAY BEACH, FL 33484 **DELRAY BEACH, FL 33484**

60044072



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
S432 ADAMS ROAD **S432 ADAMS ROAD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04072007 Chg-LLC CR2E083 (12/06)

City & State City & State
DELRAY BEACH, FL **DELRAY BEACH, FL**
 Zip Country Zip Country
33484 **USA** **33484** **USA**

4. FEI Number Applied For
20-4248692 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ALVAREZ, WILLIAM
5432 ADAMS ROAD
DELRAY BEACH, FL 33484

7. Name and Address of New Registered Agent
 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  DATE **4/20/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

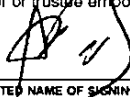
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	ALVAREZ, WILLIAM	5432 ADAMS ROAD	DELRAY BEACH, FL 33484	<input type="checkbox"/>
MGR	GUILLEN, LUIS	10682 FASCINATION LANE	ROYAL PALM BEACH, FL 33411	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE **4/20/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #