

FILED
Apr 21, 2004 8:00 am
Secretary of State

03-22-2004 90045 044 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000051519

1. Entity Name
GENERAL REMODELING & DESIGN, INC.



Principal Place of Business
**10770 WESTWOOD LAKE DRIVE
 MIAMI, FL 33165**

Mailing Address
**10770 WESTWOOD LAKE DRIVE
 MIAMI, FL 33165**

66413705



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

03112004 Chg-P CR2E034 (10/03)

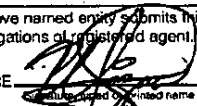
4. FEI Number **20-0018969**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ROSALES, ZOILAR
 2450 SW 8TH STREET
 MIAMI, FL 33135**

7. Name and Address of New Registered Agent
 Name **Miguel Angel Gomez Perez**
 Street Address (P.O. Box Number is Not Acceptable) **10770 Westwood Lake Drive**
Miami
 City **Miami** State **FL** Zip Code **33165**

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 **3/11/04**

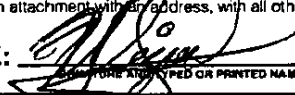
(NOTE: Registered Agent signature required when re-stating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GOMEZ PEREZ, MIGUEL A 10770 WESTWOOD LAKE DRIVE MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GOMEZ PEREZ, MIGUEL A 10770 WESTWOOD LAKE DRIVE MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **3/11/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR