


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000051519 1. Entity Name GENERAL REMODELING & DESIGN, INC.	
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FILED
Sep 10, 2008 08:00 AM
Secretary of State

Principal Place of Business 10770 WESTWOOD LAKE DRIVE MIAMI, FL 33165	Mailing Address 10770 WESTWOOD LAKE DRIVE MIAMI, FL 33165
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09032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0078969	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GOMEZ PEREZ, MIGUEL ANGEL
 10770 WESTWOOD LAKE DR.
 MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	P/D
NAME	GOMEZ PEREZ, MIGUEL A
STREET ADDRESS	10770 WESTWOOD LAKE DRIVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	SEC
NAME	GOMEZ PEREZ, MIGUEL A
STREET ADDRESS	10770 WESTWOOD LAKE DRIVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/10/08-80004-018 150:00

12. 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 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: *[Signature]* President 9/13/08 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #