## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P04000146019



**FILED** Feb 06, 2006 8:00 am Secretary of State 02-06-2006 90061 023 \*\*\*150.00

Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   See Required	1. Entity Nam	ne	REMOVAL, INC								
Suite, Apt. #. etc.  Suite, Apt. #. etc.  City & State  Country  Country  Zip  Country  Zip  Country  Zip  Country  S. Conflicate of Status Desired  S. To Additional Pee Required  Fee Required  Fee Required  Foe	1071 PORT I SUITE 202	malabar bi		1071 PORT SUITE 202	1071 PORT MALABAR BLVD. Suite 202			<b>                                    </b>			
City & State  Country  Country  Country  City & State  Country  Cou	2. Principal Place of Business			3. Mailing Add	iress						
Zip	Suite, Apt. #, etc.			Suite, Apt. #	ŧ, etc.		01192006	Chg-P	CR2E0	34 (11/05)	
S. Certificate of Status Desired   Fee Required   S. Certificate of Status Desired   Fee Required   S. Certificate of Status Desired   Fee Required   Sincer Address of Name and Address of New Registered Agent   Surface Address (P.O. Box Number is Not Acceptable)  Surface Address (P.O. Box Number	City & State			City & State	ı						plied For t Applicable
DAIRA, ANGELO 1071 PORT MALABAR BLVD. SUITE 202 PALM BAY, FL 32905  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 act the obligations of registered agent.  SIGNATURE  Signature, Speed or prixed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstance)  10. OFFICERS AND DIRECTORS  ITILE  ITILE  DARIA, ANGELO JR  SIRRET ADDRESS  CITY-ST-2IP  TITLE  MAME  SIRRET ADDRESS  CITY-ST-2IP  TITLE  MA	Zìp		Country	Zip	Zip Count		5. Certificate	of Status Desired			
DAIRA, ANGELO 1071 PORT MALABAR BLVD. SUITE 2020  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 active obligations of registered agent.  SIGNATURE  DARIA, ANGELO OFFICERS AND DIRECTORS IN 11  TITLE  MAME  DARIA, ANGELO JR  SIGNATURE  SIGNATUR		6. Name	and Address of Curre	nt Registered Agen	nt		7. Name and Address of New Registered Agent				
SUFFE ADDRESS OTH'S 1-2P PALM BAY, FL 32905  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box	DAIRA AN	JGELO		Name							
## City	1071 POR	T MALAB	AR BLVD.			Street Addres	ss (P.O. Box Numbe	er is Not Acceptable	∍)		
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 act the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  Parts  FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE DARIA, ANGELO JR SIREET ADDRESS CITY-ST-2P  FALM BAY, FL 32909  ITILE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  Detele  ITILE NAME STREET ADDRESS CITY-ST-2P  Detele TITLE NAME STREET ADDRESS CITY-ST-2P  CITY-ST-2P  Detele TITLE NAME STREET ADDRESS CITY-ST-2P  CITY-ST-2P  Detele TITLE NAME STREET ADDRESS CITY-ST-2P  C			05		•						
SIGNATURE   Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required whon remissating)   CATE						City	,		FL	Zip Code	9
### FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution.   \$5.00 May Be Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.    TITLE   DARIA, ANGELO JR   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP    TITLE   NAME   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   NAME   NAME   Change   A NAME    TITLE   NAME   NAME   NAME   NAME   NAME    TITLE   NAME   NAME   NAME   NAME   NAME   NA	the obligat	tions of regist	tered agent.		changing its regist	ered office or region	stered agent, or bot	th, in the State of Flo	orida. I am f	amiliar with,	and accept
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME NAME		Signature, typed	or printed name of registered ag	ent and title if applicable.	(NOTE: Registe	ered Agent signature requ	ulred when reinstating)		DATE		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME							\$5.00 May Be Added to Fees				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM						1.	ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	DARIA, A 273 SE C	ACTUS ST		N. S:	AME TREET ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS				N.	AME TREET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  Delete NAME  NAME  NAME	NAME STREET ADDRESS				S	AME TREET ADDRESS				☐ Change	☐ Addition
NAME NAME	NAME STREET ADDRESS				N	AME Treet address				Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS				N. S	AME TREET ADDRESS				Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions.	NAME STREET ADDRESS CITY-ST-ZIP		a information		N S C	AME IREET ADDRESS ITY-ST-ZIP	and in Ob-	2 Flexista Contract	I Combre		Addition

indicated on this report or suppremental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

Mela Jana Angelo Daria, Jr. SIGNAJURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(440) 645-3848