2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Making Actoress Making Actores	DOCUMENT # P07000026095  1. Entity Name DEMOLITION KING, INC.				Se	FILED Sep 12, 2008 08:00 AM Secretary of State			
And MAMIFL 33157  Suite. Apr. # etc.  Suite. A	Principal Plac	ce of Business	Mailing Address			20010000	J 01 2 0000		
Suite. Apt. # etc.  Suite. Apt. # etc.  Suite. Apt. # etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  Fee Required  Fee Required  Fee Required  Street Address of New Registered Agent  Name  GONZALEZ, ALBA M. 11010 SW 171 TERRACE MIAMI FL 33157  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Note Registered Agent or note of registered agent, or both, in the State of Florida. I am familiar with, and acceptable or the obligations of registered agent agent produce requirement agent produce agent produce agent produce requirement agent produce agent produce agent produce requirement agent produce agent produce requirement agent produce agent produce agent produce requirement agent produce agent									
City & State  Country  Country  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  Fee Required  Fee Required  Fee Required  To Name and Address of New Registered Agent  Name  GONZALEZ, ALBA M. 11010 SW 171 TERRACE  MIAMI FL 33157  City  FL  Cit	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Zip Country Zip Country 5, Certificate of Status Desired Agent Status Desired Status Desired Agent Status Desired Status Desired Agent Agent Status Desired Agent Status Desired Agent Age			Suite, Apt. #, etc.		21	nd MOORE	CR2E034 (4/08)		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this gratement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable)  8. The above named entity submits this gratement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the chiliquitine of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the chiliquitine of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the chiliquitine of the ch			City & State		4. FEI Numt	20-853018	£ ⊢⊢	pplied For ot Applicable	
GONZALEZ, ALBA M. 11010 SW 171 TERRACE MIAMI FL 33157  City  FL  Zip Code  8. The above namest entity submits this matement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc the children of registering agent with a state of Florida. I am familiar with, and acc the children of registering agent with a state of Florida. I am familiar with, and acc the children of registering agent with a state of Florida. I am familiar with, and acc the children of registering agent with a state of Florida. I am familiar with, and acc the children of registering agent with a state of Florida. I am familiar with, and acc the children of registering agent with a state of Florida. I am familiar with, and acc the children of registering agent with a state of Florida. I am familiar with, and acc the children of registering agent with a state of Florida. I am familiar with, and acc the children of registering agent, or both, in the State of Florida. I am familiar with, and acc the children of registering agent, or both, in the State of Florida. I am familiar with, and acc the children of registering agent, or both, in the State of Florida. I am familiar with, and acc the children of registering agent, or both, in the State of Florida. I am familiar with, and acc the children of registering agent, or both, in the State of Florida. I am familiar with, and acc the children of registering agent, or both, in the State of Florida. I am familiar with, and acc the children of registering agent, or both, in the State of Florida. I am familiar with, and acc the children of registering agent, or both, in the State of Florida. I am familiar with, and acc the children of registering agent, or both, in the State of Florida. I am familiar with, and acc the children of registering agent, or both, in the State of Florida. I am familiar with, and acc the children of registering agent, or both, in the State of Florida. I am familiar with, and acc the children of Florida. I	Z <sub>i</sub> p			Country	5. Certificat	e of Status Desired			
Sireet Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	Name	<del>                                      </del>				
### Address (P.D. Box Number is Not Acceptable)    Street Address (P.D. Box Number is Not Acceptable)	GO	NZALEZ ALBA M		Name					
8. The above named entity submits this patement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to rigidations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to rigidated agent of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to rigidate agent of the subject of	11010 SW 171 TERRACE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
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THE Obligations of registering agent/ SIGNATURE    SIGNATURE   SIG	,			City	FL Zıp Code				
FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008   Make Check Psyable to Florida Department of State	8. The above the obligation	e named entity submits this matement for trons of registered agent	or the purpose of changing its r	egistered office or regis	stered agent, or bi	oth, in the State of Flo	orida. I am familiar with	and accept	
BUE BY September 3, 2008   Make Check Payable to Fiorida Department of State   did not receive prior notice. Fee to file is \$150.00	SIGNATURE		Marylla a iditio Maryland (NOTE	Registered Agent signature recip	irred when reinstating)	·	8-10-08 DATE		
TITLE		DUE BY September 3, 2008	late fee. By check	ing this box, the corpor	ration certifies it	· ·			
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