


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P98000057547 1. Entity Name ALL DADE FENCES, INC. |  |
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| Principal Place of Business 3902 E 9TH LANE HIALEAH, FL 33013 | Mailing Address 3902 E 9TH LANE HIALEAH, FL 33013 |
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DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0866851 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ORTEGA, ILSIA 3902 E 9TH LANE HIALEAH, FL 33013 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000081296 03/08/04-80143-023 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ORTEGA, ILSIA 3902 E 9TH LANE HIALEAH, FL 33013 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DIAZ, JUAN C 5755 W 20TH AVE., #304 HIALEAH, FL 33012 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ORTEGA, ABIMAEI 120 ROYAL PALM RD., #205 HIALEAH GARDENS, FL 33010 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ilisa Ortega 2/18/04 (786) 229-8223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #