

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90156 046 \*\*\*150.00

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04202005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P98000057547</b> 1. Entity Name <b>ALL DADE FENCES, INC.</b>					
Principal Place of Business <b>3902 E 9TH LANE HIALEAH, FL 33013</b>			Mailing Address <b>3902 E 9TH LANE HIALEAH, FL 33013</b>		
2. Principal Place of Business <b>2718 W 78 STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>2718 W 78 STREET</b> Suite, Apt. #, etc.			
City & State <b>HIALEAH, FL</b> Zip <b>33016-2771</b>		City & State <b>HIALEAH, FL</b> Zip <b>33016-2771</b>		4. FEI Number <b>65-0866851</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ORTEGA, ILSIA</b> <b>3902 E 9TH LANE</b> <b>HIALEAH, FL 33013</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
B. 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTEGA, ILSIA <del>3902 E 9TH LANE</del> <del>HIALEAH, FL 33013</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13663 SW 50 STREET</b> <b>MIAMI, FL 33027</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ, JUAN C <del>6755 W 20TH AVE., #304</del> <del>HIALEAH, FL 33012</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9965 NICARAGUA DRIVE</b> <b>MIAMI, FL 33189</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ORTEGA, ABIMAE 120 ROYAL PALM RD., #205 HIALEAH GARDENS, FL 33010		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>X Juan C Diaz VP</u> <span style="float: right;">X 4-26-05 X 305-826-2535</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					