

2006 FOR PROFIT CORPORATION ANNUAL REPORT

11/2

FILED

2006 OCT 30 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



08252006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1836698

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, LUIS E
5605 WEST 12 CT
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, LUIS E 5605 WEST 12 CT HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, AURORA 5605 WEST 12 CT HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/13/06

(305) 63-9881

10/31
aw

A-B Remodeling, Inc.
5605 West 12 CT
Hialeah, FL 33012
305-613-9881

October 27, 2006

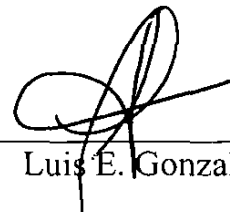
To: Florida Department of State,

Re: A-B Remodeling, Inc.
P04000151126

We are writing this letter in reply to your letter number 406A00058622. We would like for you to honor our request for the waiver of the reinstatement fee. We did not receive prior notice to remind us of the \$150.00 for the UBR it said we had until September 15, 2006 and that's what we did. We printed the form and mailed it on the 13th of September.

If you can please except this waiver we would be gladly appreciated, as our company is in an economic downfall at the present time. We thank you for your understanding.

Thank you,

A handwritten signature in black ink, appearing to be 'Luis E. Gonzalez', written over a horizontal line.

Luis E. Gonzalez