


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90002 030 ***150.00

DOCUMENT # G95328	
1. Entity Name DADE BUILDERS, INC.	

Principal Place of Business 1145 S.W. 8TH STREET MIAMI, FL 33130 <i>692 W. 29 ST #9</i> <i>Hialeah FL 33012</i>	Mailing Address 1145 S.W. 8TH STREET MIAMI, FL 33130 <i>692 W. 29 ST #9</i> <i>Hialeah FL 33012</i>
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Other Notices
54055721


DO NOT WRITE IN THIS SPACE

03182003 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2505037	Applied For <input type="checkbox"/> Not Applicable
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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 ESPINO, OTTO 944 LUGO AVE CORAL GABLES, FL 33156
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IN THIS SPACE**

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 Agents signature required when re/instating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PDS
NAME	ESPINO, OTTO
STREET ADDRESS	1145 S W 8 ST
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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 a other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/04 *305 8874185*
Date Daytime Phone #