

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**May 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # G95328**

1. Entity Name

DADE BUILDERS, INC.



Principal Place of Business

692 W. 29 ST., #9  
HIALEAH FL 33012  
US

Mailing Address

692 W. 29 ST., #9  
HIALEAH FL 33012  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2505037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPINO, OTTO  
944 LUGO AVE  
CORAL GABLES FL 33156

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	ESPINO, OTTO	
STREET ADDRESS	944 LUGO AVE.	
CITY- ST- ZIP	CORAL GABLES FL 33156	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ESPINO, OTTO JR.	
STREET ADDRESS	12711 S.W. 27 ST.	
CITY- ST- ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000951205  
06/04/08-80022-024 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

5-13-08

Date

Day Month Year