

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # M16373

1. Entity Name
STRIDE CONTRACTORS, INC.



Principal Place of Business
**7051 SW 12TH STREET
MIAMI, FL 33144 US**

Mailing Address
**7051 SW 12TH STREET
MIAMI, FL 33144 US**



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2552616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO & MORENO, P.A.
2 ALHAMBRA PLAZA
PENTHOUSE 1 B.
CORAL GABLES, FL 33134**

**DO NOT WRITE
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 Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	DVST ARELLANO, AGUSTIN R 8580 SCHOOLHOUSE RD MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP ARELLANO, MARIA E 8580 SCHOOLHOUSE RD MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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02/20/08-80038-002 158.75

**DO NOT WRITE
IN THIS SPACE**

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

2-8-8

Date

(305) 994-9901

Daytime Phone #