2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2004 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # P00000110005 1. Entity Name SOUTH DADE HOME REPAIR, INC.				Water Control		or Stage
Principal Place 21725 SW 1 MIAMI, FL 3	87TH AVENUE	Mailing Address 21725 SW 187TH AVENUE MIAMI, FL 33170				
		· · · · · · · · · · · · · · · · · · ·				
				01222004 No Chg-P CR2E034 (10/03)		
D	O NOT WRITE	CE	4. FEI Numb		Applied For Not Applicable	
					of Status Desired	\$8.75 Additional Fee Required
Name and Address of Current Registered Agent						
CHENEY, GEOFFREY C C/O AKERMAN SENTERFITT			DO NOT WRITE			
ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131			The state of the s	IN .	THIS SP	ACE
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 accompany to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accompany to the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
the obligations of registered agent.						
SIGNATURE Signature, typed or printed nerve of registered agent and life if applicable. (NOTE: Registered Agent algorithms required when revisitating) types						
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees		
10.	OFFICERS AND DI	RECTORS				
NAME	HONERKAMP, NEAL					
STREET ADDRESS CITY-ST-ZIP	21725 SW 187TH AVENUE MIAMI, FL 33170	-			ປປ່ປປ ເກ ຄວາ ຄວາ	00061304 14-80073-021 150.00
RITLE NAME					GC. CO. G	M_BORIS_AST 120.00
STREET ADDRESS CITY -ST-ZIP						
Title NAME						
STREET ABORESS City - ST - Zip				DO	NOT W	RITE
TITLE NAME				IN .	THIS SP	ACE
STREET ADDRESS						
CHT-ST-ZIP						
NAME						
STREET ADDRESS CHTY-ST-ZIP						
TITLE NAME]			
STREET ADDRESS						
12. I hereby o	certify that the information supplied with the	is filing does not qualify for the exe	mption stated in Se	ction 119.07(3)	(i), Florida Statutes 1	further certify that the information
12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 to changed, or on an attachment with an address, with all other like empowered.						

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _