2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jul 17, 2006 08:00 AM DOCUMENT # P01000011747 Secretary of State 1. Entity Name R & B REMODELING, INC. Principal Place of Business Mailing Address 2380 SW 60TH WAY 2380 SW 60TH WAY MIRAMAR, FL 33023 MIRAMAR, FL 33023 No Chg-P CR2E034 (11/05) 07132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2285786 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOLIS, RICARDO D DO NOT WRITE 2380 SW 60TH WAY MIRAMAR, FL 33023 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 DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE U00000570451 07/17/06-80002-008 1**5**0.00 SOLIS, RICARDO D NAME STREET ADDRESS 2380 SW 60TH WAY CITY-ST-ZIP MIRAMAR, FL 33023 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR