

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000018011

1. Entity Name

DADE CONSTRUCTION REMODELING, CORP.



Principal Place of Business

3899 N.W. 7TH STREET
SUITE 203
MIAMI, FL 33125

Mailing Address

3899 N.W. 7TH STREET
SUITE 203
MIAMI, FL 33125



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1078322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARTEAGA, IRMA
3899 N.W. 7TH STREET
SUITE 203
MIAMI, FL 33125

**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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000102156
04/05/04-80004-008 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARTEAGA, IRMA
STREET ADDRESS 3899 N.W. 7TH STREET #203
CITY - ST - ZIP MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
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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)(f), 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:

Irma Arteaga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04

Date

Daytime Phone #