


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90107 031 ***150.00

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	
2. Principal Place of Business 1549 NE 123RD ST Suite, Apt. #, etc.		3. Mailing Address 1549 NE 123RD ST Suite, Apt. #, etc.	
City & State N MIAMI FL		City & State N MIAMI FL	
Zip 33161-6029		Country USA	
4. FEI Number 65-1078322		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 ARTEAGA, IRMA 3899 N.W. 7TH STREET SUITE 203 MIAMI, FL 33125		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1549 NE 123RD ST City N MIAMI FL FL Zip Code 33161	
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: <i>Irma Arteaga</i> 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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARTEAGA, IRMA 3899 N.W. 7TH STREET #203 MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1549 NE 123RD ST N MIAMI FL 33161-6029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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: <i>Irma Arteaga</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/29/05 Date Daytime Phone #	

ATTACHMENT

20063470

June 30, 2005

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DOC. # P01000018011

**NEW ADDRESS:
1549 NE 123RD STREET
NORTH MIAMI FL 33161-6029**

To Whom It May Concern:

This letter is in regards to the corporation annual report for the year 2005, according to our records we never received an annual report for our corporation. We are filled out blank report to your department because we never received the original report. Please accept our apologies and accept this 150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

PRESIDENT