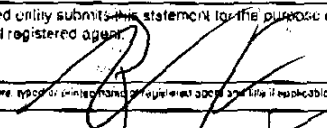
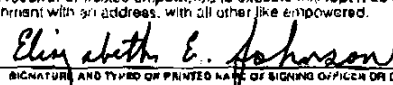


FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90176 028 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000027270 1. Entity Name DEMOLITION & ESTATE SALES SPECIALISTS, INC.																																												
Principal Place of Business 901 PROGRESSO DRIVE SUITE L-8 FORT LAUDERDALE, FL 33304		Mailing Address 901 PROGRESSO DRIVE SUITE L-8 FORT LAUDERDALE, FL 33304																																										
DO NOT WRITE IN THIS SPACE																																												
5. Name and Address of Current Registered Agent HOLLANDER, BRUCE PA RICHARD K. INGLIS P.A. 901 S STATE ROAD 7 2455 E. SUNRISE BLVD REATHOUSE 6 # 320 HOLLYWOOD, FL 33023 FT LTO FL 33304		14020723  04192004 No Chg-P CR2E034 (10/03) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 65-1113963</td> <td style="padding: 2px;">Applied For ☐ Not Applicable</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required </td> </tr> </table>	4. FEI Number 65-1113963	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																							
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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  4-22-04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when registered)																																												
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																																												
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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:  4-22-04 954-525-3289 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone																																												

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