

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90029 008 ***150.00

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02202005 Chg-P CR2E034 (10/03)

| | | | |
|---|--|---|---|
| DOCUMENT # P01000027773 1. Entity Name MODERN IMPROVEMENTS, INC. | | | |
| Principal Place of Business 10589 NW 53RD ST. SUNRISE, FL 33351 | | Mailing Address PO BOX 450928 SUNRISE, FL 33345 | |
| 2. Principal Place of Business 828 NW 90th TERR. Suite, Apt. #, etc. | | 3. Mailing Address 151 N. DOB HILL RD Suite, Apt. #, etc. SUITE 230 | |
| City & State PLANTATION, FLORIDA Zip 33324 | | City & State PLANTATION, FLORIDA Zip 33324 | |
| Country USA | | Country USA | |
| 4. FEI Number 65-1093757 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD RUIZ, FRANK V 8361 NORTHWEST 25TH STREET SUNRISE, FL 33322 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD RUIZ, FRANK V. 828 NW 90th TERR PLANTATION, FLORIDA 33324 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RUIZ, OVELIO A 661 CAMILLA CT PLANTATION, FL 33317 | 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 |
| 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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| 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: <u>Frank V. Ruiz</u> FRANK V. RUIZ | | Date: <u>02-21-05</u> | |

954-914-8415