
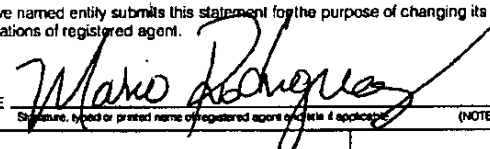
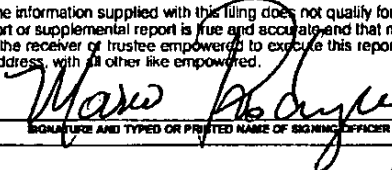


T. Roberts JUN 06 2005

05-17-2005 90012 003 ****61.25
P01000037327**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000037327			
1. Entity Name C&D Waterproofing Corp, South			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2031 sw 31st Avenue		3. Mailing Address 16049 SW 143rd Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pembroke Park, FL		City & State Miami, FL	
Zip 33009	Country USA	Zip 33196	Country USA
4. FEI Number 65-1095051		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Mario Rodriguez			
Street Address (P.O. Box Number is Not Acceptable) 16049 SW 143rd Lane			
City Miami		FL	Zip Code 33196
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 4/29/2005	
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mario Rodriguez 16049 SW 143rd Lane Miami, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Oneisy Leiva 6900 Bay Dr. APT. 5E Miami Beach, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasury Fabric Fernandez 1434 Mawry Drive Miami, FL 33033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 4/29/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954-963-8777	

CR2E037B (12/02)