FOR PROFIT CORPORATION 2002 FILED

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DOCUMENT #P 0100009	03 APR 23 AM 8: 28				
DETAIL REMODELATION	i				
	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
DO NOT WRITE IN T	HIS SDACE				
DO NOT WRITE IN T	IIIO OFACE	000017112250			
2. Principal Place of Business 7219 West 29 Way 721	Address 9 West 29 Way	04/28/0301005004 **300.00			
# 101 #10		DO NOT WRITE IN THIS SPACE			
City & State ah , FLA HIA	leah, FL	4. FEI Number Applied For S5-7/39062 Not Applicable			
33018 Country USA Zip 33	BOIB Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent Name GUILLERMO PIECES JR.					
Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE 7219 WOST 29 WAY # 101					
8. The above named entity submits this statement for the purpose	of changing its registered office or registere	aleah FL 33018			
	or changing its registered office of registere				
SIGNATURE Signature typed or priviled name of registeral agent and title if applicable		Z-28-03 when renstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Considering to both) [1]	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
(See criteria on back) Make 11. OFFICERS AND DIRECTORS	Check Payable to Department of State	• 1			
NAME GUILLERNO PIEDRA JR.	TULE Ware				
STREET ADDRESS 7219 W 29 WAY # 101 CITY-ST-ZIP HIDLEAH, FL, 33018	STREET ACCRESS CITY ST ZIP	9 2			
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TITLE NAME	TITES.				
STREET ADDRESS CITY: S1-ZIP	STREET ADDRESS GIFY-ST-29	DO NOT WRITE			
TITLE NAME	TITLE NAME	IN THIS SPACE			
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY (ST-20P				
TITLE NAME	TELE NAME				
STREET ADDRESS CITY: ST-ZIP	STREET ADDRESS GITY ST. 21P				
TITLE	TTE:				
STREET ADDRESS CITY-ST-ZIP	STREE ADDRESS CITY-ST-2IP				
13. Thereby certify that the information supplied with this filling doe	and the second second				
indicated on this report or supplemental report is true and acc	urate and that my signature shall have the s	ction 119.07(3)(i), Florida Statutes, I further certify that the information ame legal effect as if made under path; that I am an officer or director			
indicated on this report or supplemental report is true and acc	urate and that my signature shall have the s	ction 119.07(3)(i), Florida Statutes, I further certify that the information ame legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 11 or on an			

ATTACHMONT

Detail Remodelation Corp.

7219 West 29 Way Suite #101 Hialeah, Fl 33018 (305)598-8487

Hialeah, February 28, 2003

Florida Department of State Division of Corporations

Ref

Reactivation Corporation # P01000091613

Change of address and mailing address

Dear Officer;

This note is to inform that due to the flood that we had in Miami on October 2001 my house suffer serious damage, this was 2 weeks after I open the Company, I was forced to move immediately and try to keep in business, and as you imagine the material and draperies that I was working at that time were total lost.

I moved to another place trying to survive with the competence to this new address and I forgot to inform to your office about this change, now that I came to the accountant to make the taxes and he check in the computer and discover the corporation is Inactive

Please take note of my change of address and adj. with this letter is a payment of three hundred dollars (\$300.00) that will cover the UBR'S for 2002 and 2003.

Corporation name:
Document Number:

New Address:

Detail Remodelacion Corp.

P01000091613

7219 West 29 Way Suite #101

Hialeah, Florida, 33018

(305)598-8487

Thanks for your help.

uillernio Piedra Jr.

President

FOR PROFIT CORPORATION 2003 FORM BUSINESS REPORT (UBR)

ONIFORM BUSINE	:55 KEPUKI	(UBK)				
DOCUMENT #P 01000	-					
DETAIL REMODELA	TION COR	P.				
DO NOT WRITE	IN THIS SI	PACE				
2. Principal Place of Business	3. Mailing Address	- 70 -//				
7219 West 29 Way Suite, Apt. *, etc.	72 19 West 29 Way Suite, Apt. #, etc.		DO NOT WRITE IN THIS S	PACE		
# 101	#101		4. FEI Number	Applied For		
HIDLENH, FL	History,	TL	65-1139062	Not Applicable		
33018 Country 33018 USA	33018	Country U5 A		\$8.75 Additional Fee Required		
		Name 60	Illerno Piedes Ja			
IN THIS SPACE		P.O. Box Number is Not Acceptable)	•			
		1 West 29 Way #101				
3		City HIA	leah FL	33018		
8. The above named entry attomits this statement to	r the purpose of changing its	registered office or register	ed agent, or both, in the State of Florida.			
SIGNATURE System rect (s) of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) On TE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) []]	After May Amente	Aay 1 Fee is \$150.00 1, Fee is \$550.00 d UBR is \$61.25 Die to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
11. OFFICERS AND	\$00000000000000000000000000000000	Ae to Daparonent or dra				
NAME GUILLERNO PIEDA	20 JR.	Title Kam e		12/01		
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CITY-ST-ZIP HIALOSH, FL, 3	17018	GIY:SI 2# TIN		2503		
NAME STREET ADDRESS		NAME STREET ADDRESS		క		
CITY- ST- ZIP .	***************************************	CITY ST-BP				
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IITLE NAME		TITLE NAME				
STREET ADDRESS CITY - ST - 2IP		STREET ADDRESS				
TITLE		CITY ST ZIP				
NAME STREET ADDRESS		Mame Street address				
CITY-S1-2IP		CITY-ST-EF				
13. 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 supplies entail 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 receives on russes employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with an extremely employeed.						
SIGNATURE: 2-28-03 301-598-8487 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D						