2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90268 046 ***150.00

DOCUMENT # P02000008182

1. Entity Name
RESAN REMODELING INC.

Principal Place of Business	Mailing Address
15567 SW 151ST STREET MIAMI, FL 33196	15567 SW 151ST STREET MIAMI, FL 33196

20041186

02172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
16405 Sapphire PL	16405 Sapphire PL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie FL.	City & State: Davie FL.
Zip: 33331 Country:	Zip: 33331 Country:

4. FEI Number: 74-3025822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RESTREPO DIAZ, LORENA
15567 SW 151ST STREET
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________________
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD RESTREPO DIAZ, LORENA 15567 SW 151ST STREET MIAMI, FL 33196	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD. Lorena Restrepo Diaz. 16405 Sapphire PL. Davie, FL. 33331	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ELENA-SANCHEZ, MARIA 15567 SW 151ST STREET MIAMI, FL 33196	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Sanchez Maria Elena 16405 Sapphire PL. Davie, FL. 33331	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Maria E. Sanchez 4-15-05.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #