


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90054 049 \*\*\*158.75

<b>DOCUMENT # P02000090741</b>	
1. Entity Name <b>ELITE DUCT WORK, INC.</b>	

Principal Place of Business <b>7412 NW 8 ST. MIAMI, FL 33184</b>	Mailing Address <b>7412 NW 8 ST. MIAMI, FL 33184</b>
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**50005802**

2. Principal Place of Business <b>8427 NW 61 Street</b>	3. Mailing Address <b>8427 NW 61 Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01182005 Chg-P CR2E034 (10/03)

City & State <b>Miami Florida</b>	City & State <b>Miami Florida</b>
Zip <b>33166</b>	Country <b>USA</b>

4. FEI Number <b>01-0740952</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22 ST 4 FLR MIAMI, FL 33145</b>	
7. Name and Address of New Registered Agent Name <b>Aurelio A. Piedra S.P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>780 NW LeJeune Road</b> Suite <b>516</b> City <b>Miami</b> FL Zip Code <b>33126</b>	

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 	<b>C.P.A.</b>	<b>01-18-05</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P DIAZ, JOSE R 14300 SW 14 ST MIAMI, FL 33184</b> <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	<b>V DIAZ, ALIAN 14447 SW 96 TERRACE MIAMI, FL 33184</b> <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	<b>T DIAZ, TANIA 14300 SW 14 ST MIAMI, FL 33184</b> <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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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

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: 	<b>01/18/05. 305-499-9151</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #