


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90121 014 ***150.00

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| DOCUMENT # P02000090741 1. Entity Name ELITE DUCT WORK, INC. |  |
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| Principal Place of Business 8427 NW 61 STREET MIAMI, FL 33166 | Mailing Address 8427 NW 61 STREET MIAMI, FL 33166 |
|---|---|

50014713



04172006 No Chg-P CR2E034 (11/05)

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

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| 6. Name and Address of Current Registered Agent PIEDRA, AURELIO A CPA 780 NW LEJEUNE ROAD SUITE 516 MIAMI, FL 33126 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DIAZ, JOSE R 14300 SW 14 ST MIAMI, FL 33184 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DIAZ, ALIAN 14447 SW 96 TERRACE MIAMI, FL 33184 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DIAZ, TANIA 14300 SW 14 ST MIAMI, FL 33184 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: *Jose R. Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres. 4-17-06 301-499-9151