

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90174 025 \*\*\*150.00

DOCUMENT # P02000113621

1. Entity Name  
EMANUEL REMODELING SERVICES CORP.



Principal Place of Business:  
335 SW 9TH AVE. #1  
MIAMI, FL 33130

Mailing Address  
335 SW 9TH AVE. #1  
MIAMI, FL 33130

50035676



2. Principal Place of Business

542 SW 2 ST.

3. Mailing Address

Suite, Apt. #, etc.

04062005

Chg-P

CR2E034 (10/03)

City & State

MIAMI, FL.

City & State

4. FEI Number

14-1852181

Applied For

Not Applicable

Zip  
33130

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYES, MANUEL J  
335 SW 9TH AVE. #1  
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name  
MANUEL J. REYES

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

542 S.W. 2 ST.

City

MIAMI

FL

Zip Code  
33130

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 ticks 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
REYES, MANUEL J  
335 SW 9TH AVE. #1  
MIAMI, FL 33130

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
REYES, MANUEL J.  
542 S.W. 2 ST.  
MIAMI, FL.  
33130

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 my address with all other like empowered.

SIGNATURE:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-05 (305) 283-9207

Date

Daytime Phone #