

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90072 049 \*\*\*150.00

DOCUMENT # P02000114851  
 1. Entity Name  
**CERTIFIED DEMOLITION, INC.**



Principal Place of Business Mailing Address  
**3500 NW 51 STREET MIAMI, FL 33142** **3500 NW 51 STREET MIAMI, FL 33142**

2. Principal Place of Business - No P.O. Box #  
**2342 NW 78th Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1175 NE 135th St.**  
 Suite, Apt. #, etc.



02042007 Chg-P CR2E034 (12/06)

City & State- **Miami, FL** City & State **N. Miami, FL**

4. FEI Number **11-3659985** Applied For  
 Not Applicable

Zip **33147** Country **Dade** Zip **33161** Country **Dade**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SOROZA, NELSON R**  
**3500 NW 51 STREET**  
**MIAMI, FL 33142**

7. Name and Address of New Registered Agent  
 Name **Same**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1175 N.E. 135th Street**  
 City **N. Miami** FL Zip Code **33161**

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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	SAROZA, NELSON R	
STREET ADDRESS	201-178 DRIVE #240	
CITY-ST-ZIP	SUNNY ISLE, FL 33160	
TITLE	P	<input type="checkbox"/> Delete
NAME	DIAZ, KARINA	
STREET ADDRESS	201 178TH DRIVE #240	
CITY-ST-ZIP	SUNNY ISLE, FL 33160	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAROZA, NORMA	
STREET ADDRESS	17878 N. BAY ROAD #505	
CITY-ST-ZIP	SUNNY ISLE, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:  **2/4/07** (305) 899-7040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #