



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P02000114851</b> 1. Entity Name <b>CERTIFIED DEMOLITION, INC.</b>					
Principal Place of Business <b>3500 NW 51 STREET MIAMI, FL 33142</b>		Mailing Address <b>3500 NW 51 STREET MIAMI, FL 33142</b>			
2. Principal Place of Business - No P.O. Box # <b>2342 NW 78th Street</b>		3. Mailing Address <b>1175 NE 135th St.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Miami, FL</b>		City & State <b>N. Miami, FL</b>		4. FEI Number <b>11-3659985</b>	
Zip <b>33141</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOROZA, NELSON R 3500 NW 51 STREET MIAMI, FL 33142</b>		7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>1175 N.E. 135th Street</b> City <b>N. Miami</b> <b>FL</b> Zip Code <b>33161</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SAROZA, NELSON R 201-178 DRIVE #240 SUNNY ISLE, FL 33160</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DIAZ, KARINA 201 178TH DRIVE #240 SUNNY ISLE, FL 33160</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SAROZA, NORMA 17878 N. BAY ROAD #505 SUNNY ISLE, FL 33160</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>2/4/07</b> Daytime Phone # <b>(305) 899-7040</b>					