2005 FOR PROFIT CORPORATION

FILED

Daytime Phone #

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DOCUMENT # P03000032507 1. Entity Name G.M.S. REMODELING, INC.						Secretary of State				
		<i>→</i> 2 –			}					
Principal Place of Business Mailing Address										
79 NW 31ST STREET — 8910 BYRON AVE. MIAMI, FL 33127 SURFSIDE, FL 33154										
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	Place of Business	3. Mailing Address								
Suite, Apt	<u> </u>	Suite, Apt. #, etc.			04112005	Chg-P	CR2E03	4 (10/03)		
City & Sta		City & State				854 _		No	oplied For of Applicable	
Ζιρ	Country	Zip	Country	, 	5. Certificate of	<u> </u>	<u> </u>	8.75 Add		
	6. Name and Address of Currer	nt Registered Agent		Nome	7. Name and A	ddress of New Re	egistered Ac	ent		
MENESES	S, SANDRA E		Í	Name	_					
	ST STREET	-	-	Street Address (P.O. Box Number is Not Acceptable)						
							FL	Zıp Cod	e	
8. The shove period entity submits this craterons for the suppose of states				office or register	and agapt, or both	in the State of Ele		milios with	and nevert	
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 Synature: typed to particular name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating).										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CH	HANGES TO OFFI	CERS AND D	RECTOR	S IN 11	
TITLE	P Dolete		TiTLE					Change	Addition	
NAME	MENESES, SANDRA		NAME	l	u00000303582				1	
STREET ADDRESS CITY-ST-ZIP	79 NW 31ST STREET MIAMI, FL 33127		STREET A		04/16/05-80042-024 150.00					
TITLE	VP Detete		TITLE	Į				🗍 Change	☐ Addition	
NAME STREET ADDRESS	MAIDANA, GUSTAVO 79 NW 31 ST.		NAME	PRESS						
CITY-ST-ZIP	MIAMI, FL 33127			Y-ST-ZIP				1		
TITLE	☐ Delote		TITLE					Change	☐ Addition	
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STREET ADDRESS			STREET A	- 1					1	
CITY-ST-ZIP		<u></u>	GITY-ST-	- ZIP				<u> </u>		
TITLE NAME		☐ Delete	Title	1] Change	Addition)	
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TMLE		☐ Dolete	TITLE] Change	Addition	
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NAME (☐ Delote	TITLE NAME	{			L_	Change	Addition (
STREET ADDRESS			STREET A	DORESS					}	
CITY-ST-ZIF			GTTY-ST-	- ZIP		_			, , , }	
12. I hereby certify that the information supplied with this filling 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.										