


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90181 045 \*\*\*150.00

**DOCUMENT # P03000109823**

1. Entity Name  
**URAN REMODELING CORP.**



Principal Place of Business  
**5907 HOOD ST  
 HOLLYWOOD, FL 33021**

Mailing Address  
**5907 HOOD ST  
 HOLLYWOOD, FL 33021**


2. Principal Place of Business  
**373 NE 170<sup>TH</sup> STREET**  
 Suite, Apt. #, etc.

3. Mailing Address  
**373 NE 170<sup>TH</sup> STREET**  
 Suite, Apt. #, etc.

City & State  
**N. MIAMI BEACH, FL**

City & State  
**N. MIAMI BEACH, FL**

Zip **33162** Country **USA** Zip **33162** Country **USA**



03012006 Chg-P CR2E034 (11/05)

**6. Name and Address of Current Registered Agent**

**NOHL, JOSEPH K P.A.  
 3284 N STATE ROAD  
 LAUDERDALE LAKES, FL 33319**

4. FEI Number  
**20-0292368**

Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

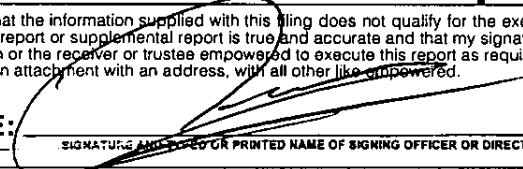
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABRAL, MARCELO U <del>5907 HOOD ST</del> HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 373 NE 170 <sup>TH</sup> STREET N. MIAMI BEACH, FL 33162
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-4-06** (954)663-0170 Daytime Phone #