

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90025 005 ***150.00

DOCUMENT # P03000109823
 1. Entity Name
 URAN REMODELING CORP.



Principal Place of Business Mailing Address
 373 NE 170TH STREET 373 NE 170TH STREET
 MIAMI, FL 33162 MIAMI, FL 33162



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1942 Taylor St. 1942 Taylor St.
 Suite, Apt. #, etc. #3 Suite, Apt. #, etc. #3

03172008 Chg-P CR2E034 (12/06)

City & State City & State
 Hollywood, FL Hollywood FL
 Zip Country Zip Country
 33020 US 33020 US

4. FEI Number Applied For
 20-0292368 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE	P. CABRAL, MARCELO U <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRAL, MARCELO U	NAME	1942 Taylor St. #3
STREET ADDRESS	373 NE 170TH STREET	STREET ADDRESS	Hollywood, FL 33020
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	CITY-ST-ZIP	Hollywood, FL 33020
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URAN, AIDA	NAME	1942 Taylor St. #3
STREET ADDRESS	373 NE 170TH STREET	STREET ADDRESS	Hollywood, FL 33020
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	CITY-ST-ZIP	Hollywood, FL 33020
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 its 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: Date Daytime Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR