



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000028986 1. Entity Name ALTA HOME REMODELING CO.	
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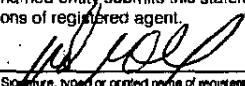
Principal Place of Business 15358 SW 62 ST. MIAMI, FL 33193 US	Mailing Address 15358 SW 62 ST. MIAMI, FL 33193 US
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DO NOT WRITE IN THIS SPACE


01212007 No Chg-P CR2E034 (11/05)
4. FEI Number
20-0771517
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**MONTANEZ, MOISES
15358 SW 62 ST.
MIAMI, FL 33193**

**DO NOT WRITE
IN THIS SPACE**

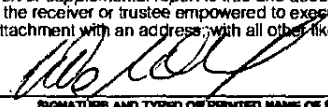
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  (NOTE: Registered Agent signature required when renewing) **4/9/07**
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTANEZ, MOISES 15358 SW 62 ST. MIAMI, FL 33193
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**U000000700732
04/20/07-80028-024 150.00**

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:  **4/9/07** **(786) 457-4492**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #