2008 FOR PROFIT CORPORATION

Apr 24, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P04000028986** ALTA HOME REMODELING CO. Principal Place of Business Mailing Address 15358 SW 62 ST. 15358 SW 62 ST. MIAMI, FL 33193 MIAMI, FL 33193 No Chg-P CR2E034 (11/05) 03212008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0771517 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MONTANEZ, MOISES DO NOT WRITE 15358 SW 62 ST. MIAMI, FL 33193 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 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000918021 OFFICERS AND DIRECTORS 10. ′13/08<u>%</u>80066~008~150%nn TITLE MONTANEZ, MOISES NAME STREET ADDRESS 15358 SW 62 ST. CITY-ST-ZIP MIAMI, FL 33193 TITLE MONTANEZ, MOISES STREET ADDRESS 15358 SW 62 ST. CITY-ST-ZIP MIAMI, FL 33193 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS City-St-7IP TITLE STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08 300321-6799 Daytime Phone #

FILED