2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000063467

1. Entity Name DOUBLE IMPACT DEMOLITION & REMODELING, CORP



FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90405 018 ***150.00

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Principal Place	e of Business		Ma	ailing Address	ess								
1171 NW 28 STREET			1	1171 NW 28 STREET					•	140	1378	2	
MIAMI, FL 33127			M	MIAMI, FL 33127						140	1010	J	
2. Principal Place of Business 3.				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04292005	Chg-l	•	CR2E00	34 (10/03)	
City & State			,	City & State				4. FEI Number	100	95	57		plied For t Applicable
Zip	Có	untry	Zip Country				5. Certificate			П ;	\$8.75 Add		
6. Name and Address of Current Regis								7. Name and	Addross c	f New Ro	gistered A	gent	******
						Name							
BRENES, RUDY 1171 NW 28'STREET MIAMI, FL 33127				Street Ar			dress (F	dress (P.O. Box Number is Not Acceptable)					
, WILMIN, 1 E 33121								•					
		City					,		FL	Zip Cod	8		
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 printe	ed name of registered ager	nt and title	if applicable. (NOT	: Registere	d Agent signatur	re required	when reinstating)			DATE		
FIL After Ma	9. Election Campa. Trust Fund Cont		ncing		.00 May Be ed to Fees								
10.	,	OFFICERS AN	DIREC	CTORS			ADDITIONS/	CHANGES	TO OFF	CERS AND	DIRECTOR	\$ IN 11	
TITLE	P			☐ Delete	E						Change	☐ Addition	
NAME STREET ADDRESS	BRENES, RUD 1171 NW 28 S			E Et address									
CITY-ST-ZIP	MIAMI, FL 331		,		-ST-ZIP								
TITLE	VP			☐ Delete	E						☐ Change	Addition	
NAME	ORDONEZ, AN	IDES			RAM	Ε							_
STREET ADDRESS	1171 NW 28 S					ET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 331	27		-ST-ZIP									
TITLE NAME				☐ Delete	TITL.							☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS							
CITY+ST+ZIP					CITY	-ST-ZIP							
TITLE				☐ Delete	TITL							Change	☐ Addition
NAME STREET ADDRESS					NAM	ET ADDRESS							
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NAME					NAME								!
STREET ADDRESS CITY-ST-ZIP						ET ADORESS '-ST-ZIP							
TITLE				☐ Delete	TITU							☐ Change	Addition
NAME			_		NAM							_ •	
STREET ADDRESS			/			ET ADDRESS							
CITY-ST-ZIP	partitu that the first	'-\$T-ZIP	A 4 55 C		N F1- 11- 1		4	:6.ab=1 *	-6				
ız. i nereby	certify that the info	mistion supplied w	រោ ពេទេ !	iling does not qualify fo	r (ne exe	ımptıqa statı	ea in Se	ecuon 119.07(3)(ij, Florida S	statutes.	nurther cer	ury that the i	niormation

effort is true and accurate quanty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information effort 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 for execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the provided in the provide indicated on this report or supplemental of the corporation or the receiver of trust changed, or on an attaching or the Asia.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR