## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 25, 2005 8:00 am Secretary of State

DOCUMENT # P0400070298  1. Entity Name NEHEMIAH RENOVATIONS INC.							07-25-2005 90102 030 ***158.75					
Principal Place of Business			ailing Address		<u> </u>	_						
12689 NW 10 WAY			12689 NW 10 WAY									
MIAMI, FL 33182		N	MIAMI, FL 33182					•	ં ∂હ	10575	21	
						j	) 1 <b>311/31</b> ) (A) <b>1</b> 1	LIN BURN DENI EDUN DENI	9 <b>9</b> 88 18 <b>3</b> 8 <b>1</b> 3	110 11 <b>5</b> 16 101 <b>5</b> 1 101	15 <b>3</b> 1   11   1531	
2. Principal Place of Business		3.	3. Mailing Address									
Suite, Apt. #, etc. *			Suite, Apt. #, etc.		<u> </u>	07192005	Chg-P	CR2E0	34 (10/03)			
City & State			City & State		4	1. FEI Number 75-3	15520	7		plied For t Applicable		
Zîp	Zip Country		Zip Goun		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current			stered Agent	<del></del>	7. Name and Address of New Registered Agent							
					Name							
CABALLERO, WILFREDO 12689 NW 10 WAY				Street Address (P.O. Box Number is Not Acceptable)								
MIAMI, FL 33182						***************************************						
	$t_{i}^{2\sigma}$				City				FL	Zip Code	9	
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 site if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOWIII FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Fina Trust Fund Contribution.							O May Be to Fees	In accordance w corporation did i				
10.		FFICERS AND DIRE	CTORS			ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	S IN 11		
TITLE	DPVT		☐ Delete	TITL	J					Change	Addition	
NAME	CABALLERO, WILF			NAM	AE Eet address							
STREET ADDRESS CITY-ST-ZIP	12689 NW 10 WAY   MIAMI, FL 33182				r-ST-ZIP							
TITLE	S		Delete	TITL	E					Change	Addition	
NAME	GONZALEZ, MARIA	A M		NAM								
STREET ADDRESS CITY-ST-ZIP	12689 NW 10 WAY				eet address Y-St-Zip							
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CITY-ST-ZIP	a said to the about the first of	on a smalled solah at-1-	filing doop not music. to		Y-ST-ZIP	in Coot	ion 110 07/2\/\(\text{2}\)	Florida Statuta	further c-	rtifu that the i-	oformation	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 of these 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.												