
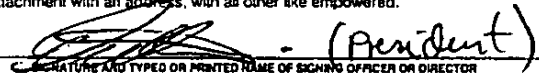


FILED
Aug 23, 2005 8:00 am
Secretary of State

08-11-2005 90004 045 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000116240			
1. Entity Name SERVICES & INTERIOR REMODELING CORP.			
Principal Place of Business 12000 NE 16 AVE LOT D422 MIAMI, FL 33161		Mailing Address 12000 NE 16 AVE LOT D422 MIAMI, FL 33161	
2. Principal Place of Business		3. Mailing Address 7098 BONITA DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI BEACH, FL	
Zip	Country	Zip	Country
33141		33141	US
4. FEI Number 20-1699946		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired XX		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRULLENQUE, ANTHONY L 7098 BONITA DR MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D P NOGUERON, LUIS A 12000 NE 16 AVE LOT D422 MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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:  (President)		08/08/05 1305 772-4438	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day(s) Phone #	



ATTACHMENT

66026235

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 12, 2005

Please find enclosed
the corrected 2005
Annual Report.

SERVICES & INTERIOR REMODELING CORP.
7098 BONTIA DRIVE
MIAMI BEACH, FL 33141 US

Subject: **SERVICES & INTERIOR REMODELING CORP.**

Reference Number:

P04000116240

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION