

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90334 017 \*\*\*150.00

**DOCUMENT # P04000123376**

1. Entity Name  
**ALL REMODELING AND DESIGN, INC.**



Principal Place of Business  
**16432 SW 304 STREET, APT 105  
HOMESTEAD, FL 33033**

Mailing Address  
**16432 SW 304 STREET, APT 105  
HOMESTEAD, FL 33033**

**50010610**



2. Principal Place of Business  
**10431 Old Cuttler Road**

3. Mailing Address  
**10431 Old Cuttler Road**

04042006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**20-1549362**

Applied For  
Not Applicable

Zip Country  
**33190 USA**

Zip Country  
**33190 USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MARTINEZ, RAIMUNDO  
16432 SW 304 STREET, APT 105  
HOMESTEAD, FL 33033**

**7. Name and Address of New Registered Agent**

Name  
**Martinez, Raimundo**

Street Address (P.O. Box Number is Not Acceptable)

**10431 Old Cuttler Road**

City **Miami** FL Zip Code **33190**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **MARTINEZ, RAIMUNDO**  
STREET ADDRESS **16432 SW 304 STREET, APT 105**  
CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☒ Change ☐ Addition  
NAME **Martinez, Raimundo**  
STREET ADDRESS **10431 Old Cuttler Road**  
CITY-ST-ZIP **Miami, Florida 33190**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #