


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90117 028 \*\*\*150.00

<b>DOCUMENT # P04000137927</b> 1. Entity Name <b>SEASIDE REMODELING AND SERVICES, CORP</b>					
Principal Place of Business <b>14401 MILITARY TRAIL APT A210 DELRAY BEACH, FL 33484</b>				Mailing Address <b>14401 MILITARY TRAIL APT A210 DELRAY BEACH, FL 33484</b>	
2. Principal Place of Business <b>3050 N. PALM AIRE DR. P.O. BOX 223</b> Suite, Apt. #, etc. <b># 303</b>				3. Mailing Address <b>3050 N. PALM AIRE DR. P.O. BOX 223</b> Suite, Apt. #, etc. <b># 303</b>	
City & State <b>POMPANO BEACH, FL</b>		City & State <b>DEERFIELD BEACH</b>		4. FEI Number <b>20-1709152</b>	
Zip <b>33064</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33443</b>		Country <b>BROWARD</b>		6. Name and Address of Current Registered Agent <b>BANDEIRA, ALESSANDRO D 14401 MILITARY TRAIL APT A210 DELRAY BEACH, FL 33484</b>	
7. Name and Address of New Registered Agent Name <b>BANDEIRA, ALESSANDRO D</b>		Street Address (P.O. Box Number is Not Acceptable) <b>3050 N. PALM AIRE DRIVE</b>			
City <b>POMPANO BEACH</b>		Zip Code <b>FL 33069</b>			
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 <u>X</u> <i>Alessandro D. Bandeira</i> (NOTE: Registered Agent signature required when reappointing) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>PVSD</b>	NAME <b>BANDEIRA, ALESSANDRO D</b>		TITLE <b>Change</b>		
STREET ADDRESS <b>14401 MILITARY TRAIL APT A210</b>			NAME <b>3050 N. PALM AIRE DR #303</b>		
CITY - ST - ZIP <b>DELRAY BEACH, FL 33484</b>			STREET ADDRESS <b>POMPANO BEACH, FL 33069</b>		
CITY - ST - ZIP <b>DELRAY BEACH, FL 33484</b>			CITY - ST - ZIP <b>POMPANO BEACH, FL 33069</b>		
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CITY - ST - ZIP <b>DELRAY BEACH, FL 33484</b>			CITY - ST - ZIP <b>POMPANO BEACH, FL 33069</b>		
CITY - ST - ZIP <b>DELRAY BEACH, FL 33484</b>			CITY - ST - ZIP <b>POMPANO BEACH, FL 33069</b>		
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 its address, with all other like empowered.					
SIGNATURE <u>X</u> <i>Alessandro D. Bandeira</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					