

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90001 028 ***150.00

DOCUMENT # P05000079535

1. Entity Name
CISNERO'S REMODELING CORP.



Principal Place of Business
8056 NW 10 ST
9
MIAMI, FL 33126 US

Mailing Address
8056 NW 10 ST
9
MIAMI, FL 33126 US

50025323



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07102006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CISNEROS, LUIS
8056 NW 10 ST
9
MIAMI, FL 33126

Name **MARCIA G. PUIGNAU**

Street Address (P.O. Box Number is Not Acceptable)
6730 S.W. 4TH ST

City

MIAMI

FL

Zip Code

33144

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 **MARCIA G. PUIGNAU**

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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **P**
NAME **CISNEROS, LUIS**
STREET ADDRESS **8056 NW 10 ST #9**
CITY - ST - ZIP **MIAMI, FL 33126**

TITLE **P**
NAME **CISNEROS, LUIS**
STREET ADDRESS **6730 S.W. 4TH ST**
CITY - ST - ZIP **MIAMI, FL 33144**

TITLE
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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

8/15/06 305-525-7045

Date

Daytime Phone #