

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048731

FILED
Jul 31, 2007
Secretary of State

Entity Name: ALPIZAR REMODELING INC.

Current Principal Place of Business:

157 W. 5TH ST.
HIALEAH, FL 33010

New Principal Place of Business:

3779 SW 135 AVENUE
MIAMI, FL 33175

Current Mailing Address:

157 W. 5TH ST.
HIALEAH, FL 33010

New Mailing Address:

3779 SW 135 AVENUE
MIAMI, FL 33175

FEI Number: 20-4644092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALPIZAR, ROBERTO
157 W. 5TH ST.
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

ALPIZAR, ROBERTO
3779 SW 135 AVENUE
MIAMI, FL 33175 US

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.

SIGNATURE: ROBERTO ALPIZAR

07/31/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALPIZAR, ROBERTO
Address: 157 W. 5TH ST.
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALPIZAR, ROBERTO
Address: 3779 SW 135 AVENUE
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO ALPIZAR

P

07/31/2007

Electronic Signature of Signing Officer or Director

Date