


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90849 039 \*\*\*158.75


**DOCUMENT # P06000097256**

1. Entity Name  
**DONE-RITE LAND SURVEYING, INC.**



Principal Place of Business <b>15563 MIAMI LAKEWAY NORTH UNIT 205          MIAMI LAKES, FL 33014</b>	Mailing Address <b>15563 MIAMI LAKEWAY NORTH UNIT 205          MIAMI LAKES, FL 33014</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04172007 Chg-P CR2E034 (12/06)

4. FEI Number  
**14-1971974**

Applied For	Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIEZ, ANTONIO  
 15563 MIAMI LAKEWAY NORTH UNIT 205  
 MIAMI LAKES, FL 33014**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	<b>DIEZ, CARLOS</b>	
STREET ADDRESS	<b>15563 MIAMI LAKEWAY NORTH UNIT 205</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33014</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>LUCCENA, JORGE A</b>	
STREET ADDRESS	<b>15563 MIAMI LAKEWAY NORTH UNIT 205</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33014</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>LOPEZ, EFRAIN C</b>	
STREET ADDRESS	<b>15563 MIAMI LAKEWAY NORTH UNIT 205</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33014</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **(Carlos A. Diez)** **04/17/2007 (305) 556-8490**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #