

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90207 025 \*\*\*158.75

<b>DOCUMENT # P93000038453</b>					
<b>1. Entity Name</b> SOUTH FLORIDA REMODELING & BUILDING CORPORATION					
<b>Principal Place of Business</b> 8428 SW 24TH STREET SUITE 345 MIAMI, FL 33155			<b>Mailing Address</b> 8428 SW 24TH STREET SUITE 345 MIAMI, FL 33155		
<b>2. Principal Place of Business</b> 16375 NE 18 AVE Suite, Apt. #, etc. 315 City & State N. MIAMI BCH, FL Zip 33162 Country DALL		<b>3. Mailing Address</b> 16375 NE 18 AVE Suite, Apt. #, etc. 315 City & State N. MIAMI BCH, FL Zip 33162 Country DALL			
04182005    Chg-P    CR2E034 (10/03)					
<b>4. FEI Number</b> 65-0421688				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GEORGE, VIC 8428 S.W. 24 STREET SUITE 345 MIAMI, FL 33155			<b>7. Name and Address of New Registered Agent</b> Name George, Vic Street Address (P.O. Box Number is Not Acceptable) 16375 NE 18 AVE Suite 315 City N. MIAMI BCH    FL    Zip Code 33162		
<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.</b> SIGNATURE: <u>Vic George</u> <u>Vic George</u> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GEORGE, VIC 8428 SW 24 ST. MIAMI, FL <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GEORGE, VIC 16375 NE 18 AVE, STC 315 N. MIAMI BCH, FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<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 an address, with all other like empowered.</b>					
SIGNATURE: <u>Vic George</u> <u>Vic George</u> <u>Pro</u> <u>7863372725</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

4-26-05