2005 FOR PROFIT CORPORATION

FILED 4M

ANNUAL REPORT		J	Jan 10, 2005 08:00 A	
DOCUMENT # P9400008523 1. Entity Name FIBERGLASS DUCT SPECIALISTS, INC			Secretary of	of State
1760 NW 113 AVE	failing Address 1760 NW 113 AVE HOLLYWOOD, FL 33026 US			
DO NOT WRITE IN THIS SPA		01052005 No	ENII NIII ENII IEE IIIE ! Chg-P CR2E034 (10/	
		65-0536968 5. Certificate of Statu	s Desired	Not Applicable Additional quired
6. Name and Address of Current Register, MARK E ESQ MITRANI RYNOR & GALLEGOS PA ONE SE THIRD AVE SUITE 2200 MIAMI, FL 33131	stered Agent	· -	T WRITE S SPACE	
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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating) DATE			with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRE	CTORS			
NAME LEMOS, STEVEN L STREET ADDRESS 1760 NW 113 AVE CITY-ST-ZIP HOLLYWOOD, FL 33026	in terms of the second	01.	U00000174379 /10/05 - 80009-001	150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		01.	U00000174379 /10/05 -8 0009-001	150.00
NAME LEMOS, STEVEN L STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33026 TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	U00000174379 /10/05-80009-001 OT WRITE S SPACE	150.00

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 supplied that report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of tustee 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 unit an address, with all other like empowered

NAME STREET ADDRESS CITY-ST-ZIP

> MO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR