


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # S18734 1. Entity Name REMIOR INDUSTRIES, INC.	
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Principal Place of Business 9165 N.W. 96TH STREET MEDLEY, FL 33178-1407	Mailing Address 9165 N.W. 96TH STREET MEDLEY, FL 33178-1407
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0240294	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REMIOR, LAZARO R 9165 SW 96 ST. MIAMI, FL 33178
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC REMIOR, LAZARO R 9165 N.W. 96 STREET MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD REMIOR, MARTA L 9165 N.W. 96 STREET MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBLES, FELIX J 9165 N.W. 96 STREET MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD REMIOR, EMILIO 9165 N.W. 96 STREET MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80021-004 158.75

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: MARTA L. REMIOR 1/19/07 (305)883-8722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #