

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # S71425
 1. Entity Name
REMAD CORPORATION



Principal Place of Business Mailing Address
 1076 MEADOWLARK AVE 1076 MEADOWLARK AVE
 MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

DE MARTINI, MARTA C.
1076 MEADOWLARK AVE
MIAMI SPRINGS FL 33166

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 _____ 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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 Max Added to Fee
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DE MARTINI, RENATO	
STREET ADDRESS	1076 MEADOWLARK AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DE MARTINI, ELIO V.	
STREET ADDRESS	1076 MEADOWLARK AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	DE MARTINI, MARTA C.	
STREET ADDRESS	1076 MEADOWLARK AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE MARTINI, MARTA C.	
STREET ADDRESS	1076 MEADOWLARK AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
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"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000489529
 04/18/06-80019-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marta De Martini* MARTA DE MARTINI 03-31-06