## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2005 08:00 AM Secretary of State

DOCUMENT # V62306  1. Enlity Name GME REMODELING & CONSTRUCTION, INC.	Secretary or State
Principal Piace of Business  7761 SW 35TH TER  MIAMI, FL 33155  Mailing Address  7761 SW 35TH TER  MIAMI, FL 33155	
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent	02072005 No Chg-P CR2E034 (10/03)  4. FEI Number
DOMINGUEZ, CARLOS E. 7761 SW 35TH TER MIAMI, FL 33155	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.  SIGNATURE  Signame. hypotor printed name of registered agent and to ell applicable  (NOTE Registered Agents ynature required agent and to ell applicable  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  First Fund Contribution  According to the purpose of changing its registered office or registered of the purpose of changing its registered office or registered of the purpose of changing its registered office or registered of the purpose of changing its registered office or registered of the purpose of changing its registered office or registered of the purpose of changing its registered office or registered of the purpose of changing its registered office or registered of the purpose of changing its registered office or registered of the purpose of changing its registered of the purpose of the purpos	5.00 May Be U00000250213
10. OFFICERS AND DIRECTORS	03/12/05-80015-022 t50.00
TITLE DPS NAME DOMINGUEZ, CARLOS E STREET ADDRESS CITY-ST-ZIP MIAMI, FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
Title NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Title Name Street Address City-St-Zip	
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	same lenal effect as if made under noth; that I am an officer or director )