2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V62306

1. Entity Name
GME REMODELING & CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
7761 SW 35TH TER MIAMI, FL 33155	7761 SW 35TH TER MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

04062007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0355178	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, CARLOS E.
7761 SW 35TH TER
MIAMI, FL 33155

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IN THIS 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 with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	DPS
NAME	DOMINGUEZ, CARLOS E
STREET ADDRESS	7761 SW 35TH TER
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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04/24/07-80012-002 150.00

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IN THIS SPACE

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. *CARLOS E DOMINGUEZ*

SIGNATURE: _____   4/6/07   (305) 264-3525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #