2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Feb 28, 2008 8:00 am DOCUMENT # H41069 **Secretary of State** 02-28-2008 90021 045 ***150.00 TAZ CONSTRUCTION, INC. Principal Place of Business Mailing Address 6131 LYONS RD SUITE 200 6131 LYONS RD SUITE 200 COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 11156 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2551445 Not Applicable Zip Ζp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>ANDREW ZUCKERMAN</u> HODKIN, PETER M ESO Street Address (P.O. Box Number is Not Acceptable) 4901 NW 17TH WAY 6131 LYONS ROAD, SUITE 200 SUITE 504 FORT LAUDERDALE FL 33309 ^{zio Coo}33073 COCONUT CREEK 8. The above named entity submits this etatement 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 age ANDREW ZUCKERMAN SIGNATURE FLE NOW!!! FEE 18 \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ח ☐ Delete TITLE Addition ZUCKERMAN, ANDREW NAME NAME 6131 LYONS RD SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition ZUCKERMAN, TRACY NAME NAME 6131 LYONS RD SUITE 200 STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-ZIP TRUE Delete ☐ Change Addition MAME P!ARAF STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIME Change Addition NAME STREET ADDRESS STREET ADDRESS OTY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP THUE ☐ Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 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 of supplemental report is fue 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 ampowered 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.

FILED

Davonie Phone #