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Daysme Phone #

ANNUAL REPORT					May 07, 2004 08:0 Secretary of Sta			
1. Entity Nam	MENT # P02000 STRUCTION & MANA)	Secretai	ry of Sta		
Principal Place 1735 LINCO HOLLYWOOD	LN STREET #24	Mailing Address 1735 LINCOLN STREET #24 HOLLYWOOD, FL 33020						
ב	O NOT WRI	CE	01082004 4. FEI Numbe 01-0688	No Chg-P	CR2E034 (10			
	5. Name and Address of C	mant Presistant Second		5. Certificate	of Status Desired	Fee Re	quired	
			_	NOT W				
	named entity submits this stater ions of registered agent. Signature, yped or printed name of register	nent for the purpose of changing its register	ed office or registe		h, in the State of Fl	orida. I am familiar	with, and accept	
After M	E NOW!!! FEE IS \$150.0 ay 1, 2004 Fee will be \$	550.00 Trust Fund Contribution.	· · · · · ·	5.00 May Be dded to Fees	U0000 05/07/0	00158006 4-80004-00	8 150.00	
10. ITTLE NAME STREET ADDRESS CITY-SI-ZIP TILLE NAME	OFFICER: D MARTA, CORNELIA 1735 LINCOLN STREET # HOLLYWOOD, FL 33020	S AND DIRECTORS						
STREET ADDRESS CITY-ST-ZIP TITLE NAME								
STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS					NOT W			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		·						
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
indicated of the cor changed	on this report or supplemental reporation or the receiver or truste , or on an attacking ent with an add	ed with this filling does not qualify for the exe eport is true and accurate and that my signal e empowered to execute this report as requiress, with all other like rempowered.	iture shall have the	e same legat efter:	t as if made under.	oath, that I am an o e appears in Block	fficer or director	
SIGNAT	UHE:			/	/ /			

BULLER LIBERTON OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR