

2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/9/2008-90001-048-\$150.00-\$150.00

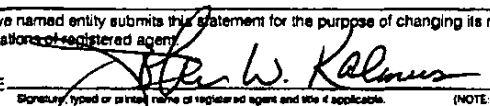
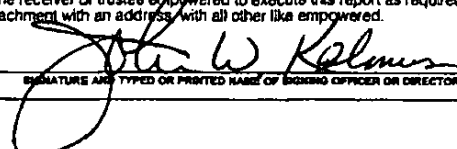
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2008 OCT 14 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08292008 Chg-P CR2E034 (12/08)

DOCUMENT # P03000067232			
1. Entity Name BUILDORP BUILDERS AND CONSULTING ENGINEERS, INC.			
Principal Place of Business 3430 GALT OCEAN DRIVE 1605 FORT LAUDERDALE, FL 33308		Mailing Address 3430 GALT OCEAN DRIVE 1605 FORT LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box # 4265 ORANGE DR.		3. Mailing Address 43220 ROSALINDS DR.	
SUITE, APT., P., ETC. MELBOURNE		SUITE, APT., P., ETC. 	
City & State FLORIDA		City & State HOLLYWOOD, MARYLAND	
Zip 32904	Country USA	Zip 20636	Country USA
4. FEI Number 55-0836637		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALMUS, JOHN W 3430 GALT OCEAN DRIVE 1605 FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name JOHN W. KALMUS Street Address (P.O. Box Number is Not Acceptable) 4265 Orange Dr. City Melbourne FL Zip 32904	
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 8-30-08	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALMUS, JOHN W 3430 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4265 Orange Dr. Melbourne FL 32904 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.			
SIGNATURE: 		Date 8-05-8-30-08 Daytime Phone # 954-547-1811	