

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90053 024 ***150.00

DOCUMENT # P05000067044		
1. Entity Name PRECONSTRUCTION PARTNERS, INC.		

Principal Place of Business 1000 WEST MCNAB ROAD POMPANO BEACH, FL 33069 US	Mailing Address 1000 WEST MCNAB ROAD POMPANO BEACH, FL 33069 US
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40012153



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 100 S. Birch Rd #1603		Suite, Apt. #, etc. 100 S. Birch Rd #1603	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33316	Country USA	Zip 33316	Country USA

01122007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2817358	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ANTHONY L 1000 WEST MCNAB ROAD POMPANO BEACH, FL 33069 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jolanta E. Blaszczyńska 100 S. Birch Rd #1603 Ft. Lauderdale, FL 33316 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Jolanta E. Blaszczyńska 1/25/07 954-849-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #