

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000084839	
1. Entity Name 4440 BUILDING CORPORATION	

Principal Place of Business 4440 NW 9TH ST, 42 MIAMI, FL 33126	Mailing Address 4440 NW 9TH ST, 42 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2ED34 (11/05)

4. FEI Number 65-0549005	Applicable For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LOPEZ, RAUDILIO
4440 NW 9TH ST, 42
MIAMI, FL 33126**

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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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$250.00	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, RAUDILIO 4440 NW 9TH ST, 42 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST LOPEZ, RAUDILIO 4440 N.W. 9 ST, #42 MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 my address, with all other like empowered.

SIGNATURE: *[Signature]* 4/28/06
Signature, typed or printed name of signing officer or director Date Daytime Phone #