


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90418 050 ***158.75

DOCUMENT # P94000093916

1. Entity Name
BDI CONSTRUCTION COMPANY



Principal Place of Business
 7270 NW 12 ST
 STE 200
 MIAMI, FL 33166 US

Mailing Address
 7270 NW 12 ST
 STE 200
 MIAMI, FL 33166 US

2. Principal Place of Business
7270 NW 12 STREET

3. Mailing Address
7270 NW 12 STREET

Suite, Apt. #, etc.
STE 200

Suite, Apt. #, etc.
STE 200

City & State
MIAMI, FL


City & State
MIAMI, FL

Zip
33126

Country
USA

Zip
33126

Country
USA



04152004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0543409

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KATHLEEN BENTE ESQ.
SMOLER, LERMAN, BENTE & WHITEBOOK, P.A.
2611 HOLLYWOOD BLVD.
MIAMI, FL 33020

7. Name and Address of New Registered Agent

Name
KATHLEEN BENTE ESQ.

Street Address (P.O. Box Number is Not Acceptable)
SMOLER, LERMAN, BENT & WHITEBOOK, PA
2611 HOLLYWOOD BLVD

City
HOLLYWOOD

State
FL

Zip Code
33020

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSELL, TEOBALDO JR 1220 ALEGRIANO AVE CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S ROSELL, INA P 1220 ALEGRIANO AVE CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROSELL, TEOBALDO III 8841 SW 86 ST MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSELL, CARLOS F 5919 TURIN STREET CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSELL, CARLOS F 11525 SW 69 COURT PINECREST, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Teobaldo Rosell Jr.* **TEOBALDO ROSELL JR.** 4/22/04 305-592-1210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #