2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000085141

FILED May 17, 2007 8:00 am Secretary of State

1. Entity Name								05 17 2007 0	•	***1.50		
APPLIED BUILDING DEVELOPMENT OF ORLANDO -B.H., INC.								05-17-2007 90	JU4U UI S	158.	/3	
Principal Plac	e of Busines	s	Mailing Address		1							
-8000 THE E	SPLANADE	- 7380 W. SANA		ADE 73:	80 LJ. 9	SALIK A	AVE					
ORLANDO	FL 32836 3281	9 RUAS, STE.	LAKE BOOK THE ESPLAN 42 ORLANDO FL 9285 32	819	ROAD	STE.	420					
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address		 ::							
Suite, Apt. #, etc.			Suite, Apl. #, etc.				15	t MOORE	CR2E034	(10/06)		
City & State			City & State				4. FEI Number 59-3343464 Applied For Not Applied be					
Zip	Zip Country		Zip	Zip Cour		5. Certifica		e of Status Desired \$8.75 Addition Fee Required		dditional red		
	6. Name	and Address of Currer			7. Name an	d Address of New F	Registered .	Agent				
KO	INI DAM	ID.			Name							
	HN, DAVI 0 THE ES _ANDO F	3 281 9	80 W. SAND LAN	LE PEAD.	Street A	ddress (I	P.O. Box Numb	per is Not Acceptable	e)			
		32819			City					Zip Co	nde	
						****			FL	- '		
8. The above the obligat	named entily ions of regist	y submits this statement ered agent.	for the purpose of changing	its register	ed office o	r register	ed agent, or be	oth, in the State of Fl	orida. I am	familiar wit	h, and accept	
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title r applicable. (I	NOTE: Registere	d Agent signal	luie iednied	whén reinstating)		DATE	···		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Camp Trust Fund Cor	-		5.00 May Be Ided to Fees	
10.		OFFICERS ANI	D DIRECTORS	11.			ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 11	
TITLE	D	· · · · · · · · · · · · · · · · · · ·	☐ Delete	titu	E.					Change	e 🔲 Addilion	
NAME	GUERON,			NAM	IE							
SIRUET ADDRESS CITY-SI-ZIP B000 THE ESPLANADE ORLANDO FL 32836				STREET ADD City-S1-21			07380 W. SAND LAKE ROAD, SHITE 420 ORLANDO, FL 32819					
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NAME				NAM						_ ,	_	
STREET ADDRESS					EET ADDRESS							
CHTY-ST-ZIP				CITY	'-SI-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and a terrate 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 become 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, without given like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BAUIS KOH) 5/1/07 (407)370-6400

TOR Date Daytime Phone 4