


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # 853047
 1. Entity Name
ANGELO IAFRATE CONSTRUCTION COMPANY



Principal Place of Business
26300 SHERWOOD
WARREN, MI 48091

Mailing Address
26300 SHERWOOD
WARREN, MI 48091

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
38-1894432

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	IAFRATE, ANGELO E
STREET ADDRESS	26300 SHERWOOD AVE
CITY-ST-ZIP	WARREN, MI 48091
TITLE	VP
NAME	IAFRATE, DOMINIC
STREET ADDRESS	26300 SHERWOOD
CITY-ST-ZIP	WARREN, MI 48091
TITLE	VP
NAME	ADCOCK, ROBERT C
STREET ADDRESS	26300 SHERWOOD
CITY-ST-ZIP	WARREN, MI 48091
TITLE	T
NAME	BONAVENTURE, DON
STREET ADDRESS	26300 SHERWOOD
CITY-ST-ZIP	WARREN, MI 48091
TITLE	S
NAME	HAMRICK, CHRIS
STREET ADDRESS	26300 SHERWOOD
CITY-ST-ZIP	WARREN, MI 48091
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/17/08-80065-014 150.00

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: Chris Hamrick **CHRIS HAMRICK** 1-4-08 886-756-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #