


**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	
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Principal Place of Business 26300 SHERWOOD WARREN, MI 48091	Mailing Address 26300 SHERWOOD WARREN, MI 48091
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01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-1894432	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IAFRATE, ANGELO E 26300 SHERWOOD AVE WARREN, MI 48091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IAFRATE, DOMINIC 26300 SHERWOOD WARREN, MI 48091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADCOCK, ROBERT C 26300 SHERWOOD WARREN, MI 48091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BONAVENTURE, DON 26300 SHERWOOD WARREN, MI 48091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMRICK, CHRIS 26300 SHERWOOD WARREN, MI 48091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000787006 01/17/08-80065-014 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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