2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 24, 2008 08:00 AN Secretary of State

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1. Entity Name . . FINE BUILDERS, INC.



Principal Place of Business

Mailing Address

3902 BURNS RD.

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PALM BCH. GARDENS, FL 33410

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01172008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1088862

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINE, SEYMOUR 3902 BURNS RD STE 18

PALM BCH GRDN, FL 33410

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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												
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	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees								
10.	OFFICERS AND DIREC	CTORS										
TITLE	PD											
NAME	FINE, SEYMOUR											
STREET ADDRESS	3902 BURNS RD STE 18											
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410				·							
TITLE	ST											
NAME	FINE, HARRIET	i			U00000794463							
STREET ADDRESS	3902 BURNS RD STE 18				91/28/08-90009-001 150.00							
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410											
TRLE	D											
NAME	FINE, KAREN				•							
STREET ADDRESS	1460 SW 159TH AVENUE		DO NOT WRITE									
CITY+ST-ZIP	PEMBROKE PINES, FL 33027		DO NOT WRITE									
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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 an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIS

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561-622-1600