2004 FOR PROFIT CORPORATION

FILED \mathbf{AM}

| ANNUAL REPORT | | | Mar 30, 2004 08:00 | | | |
|--|--|----------------------------|-----------------------------------|--|---------------------------------------|--|
| DOCUMENT # 660615 | | | | Sec | retary of State | |
| SAMBOL CONSTRUCTION CORPORATION (| OF FLORIDA | | | | | |
| Principal Place of Business Mailing Ac | | | | | | |
| | ONET DR. ILM BEACH, FL 33410 | US | | | | |
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| DO NOT WOITE IN THE ODIO | | | 03172004 No Chg-P CR2E034 (10/03) | | | |
| DO NOT WRITE IN T | JE | 4. FEI Numb | er PPLICABLE | Applied For Not Applicable | | |
| | | | - | of Status Desired | S8.75 Additional | |
| 6. Name and Address of Current Registered A | gent | | | | Fee Required | |
| SAMBOL, RICHARD | | | DO | NOT W | RITE | |
| 3181 MONET DR. WEST PALM BEACH, FL 33410 | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | 11.4 | i miə ər | ACE | |
| The above named entity submits this statement for the purpose | of changing its registered | d office or register | ed agent, or bo | th, in the State of Flo | orlda. I am familiar with, and accept | |
| the obligations of registered agent. | | | - | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable | e. (NOTE, Registered | Agent signature required | when reinstating) | | DATE | |
| | lection Campaign Financ rust Fund Contribution. | | .00 May Be ed to Fees | U000(∩ 03/30/04- | 039214 80004-005 150,00 | |
| 10. OFFICERS AND DIRECTORS | | | | <u>(</u> | | |
| NAME SAMBOL, RICHARD | · · | | | | | |
| STRELF ADDRESS 3181 MONET DR CITY-SI-ZIP PALM BEACH GARDENS, FL 33410 | | | | | | |
| INLE ST SAMPOL JANUCE | | | | | | |
| NAME SAMBOL, JANICE STREET ADDRESS 3181 MONET DR | | | | | | |
| City-SI-ZIP PALM BEACH GARDENS, FL 33410 | | | | | • | |
| NAME | | | | | | |
| SIRELT ADDRESS CITY-SI-ZIP | | | DO | NOT W | RITE | |
| TITLE NAME | | | IN . | THIS SF | PACE | |
| STREET ADDRESS | | | | | | |
| City-ST-ZIP TRILE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS CHY-S1-ZIP | | | | | | |
| HILL NAME | | | | | | |

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:

STREET ADDRESS CHY-SI-ZIP

RICHARD SAMBOL 3/25/04 (561) 626-7954