2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 667106

NATIONAL DEVELOPMENT & CONSTRUCTION CORP.



Principal Place of Business

2155 W MAYA PALM DRIVE BOCA RATON, FL 33487 US Mailing Address

2155 W MAYA PALM DRIVE BOCA RATON, FL 33487

FILED Mar 18, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

2122004	No Chg-P	CR2E034 (10/03

4. FEI Number			Applied For
59-2012733			Not Applicable
5. Certificate of Status Desired	. 🗖	\$8.75	Additional

6.	Name	and Ad	dress (of C	urrent	Regi	stered	Agent

SLOSSBERG, SAUL A 2155 W MAYA PALM DR BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

				The state of the s
	named entity submits this statement for the priors of registered agent.	urpose of changing its registered office or a	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and lide if	applicable. (NOTE, Registered Agent signature	required when reinstating)	DATE
FIL: After M:	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLOSSBERG, SAUL 2155 W MAYA PALM DRIVE BOCA RATON, FL 33487			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000092035 03/18/04-80033-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZEP				
12. I hereby indicated	certify that the information supplied with this fill on this report or supplemental report is true a	ling does not qualify for the exemption state and accurate and that my signature shall ha	id in Section 119.07(3) ve the same legal effe	(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director.

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: - Security And Type on Prince I NAME OF SIGNING OFFICE FOR DIRECTO

3/12/04 54-393-73 50 Daystre Phone #