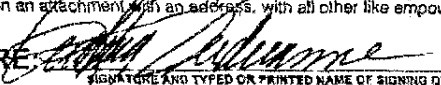


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000001137		
1. Entity Name VERDERAME CONSTRUCTION CO., INC.		
Principal Place of Business 10-40 BORDEN AVENUE LONG ISLAND CITY, NY 11101		Mailing Address 1181 SOUTH ROGERS CIRCLE STE 31 BOCA RATON, FL 33487
DO NOT WRITE IN THIS SPACE		
		01262006 No Cng-P CR2E034 (11/05)
4. FCI Number 13-2578835		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VERDERAME, ANTHONY 1181 SOUTH ROGERS CIRCLE STE 31 BOCA RATON, FL 33487		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	VERDERAME, ANTHONY	
STREET ADDRESS	15948 D'ALENE DRIVE	
CITY-ST-ZIP	DEL RAY BEACH, FL 33446	
TITLE	V	
NAME	VERDERAME, MARK	
STREET ADDRESS	15948 D'ALENE DRIVE	
CITY-ST-ZIP	DEL RAY BEACH, FL 33446	
TITLE	ST	
NAME	VERDERAME, JOANNA	
STREET ADDRESS	15948 D'ALENE DRIVE	
CITY-ST-ZIP	DEL RAY BEACH, FL 33446	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 		3/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #