## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT #F37323

1. Entity Name

BUILDING CENTER OF FLORIDA, INCORPORATED

Principal Place of Business

3608 ANDERSON RD.

P O BOX 340525 CORAL GABLES, FL 33134 Mailing Address

3608 ANDERSON RD. P O BOX 340525

CORAL GABLES, FL 33134

Jan 15, 2004 08:00 AM Secretary of State

FILED '



01102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2198971 Applied For Not Applicable

305446946

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URAL, CIGDEM

ANDERSON ROAD NO: 3608

MIAMI, FL 33134

## DO NOT WRITE IN THIS SPACE

				***	
\$. The above the obligation	named entity submits this statement for the p tions of registered agent.	urpose of changing its registered of	office or I	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.				رو مشد و ۱۰۰۰ و ۱۰۰۰	· · · · · · · · · · · · · · · · · · ·
3.G. U. (1. O. 1.E.	Signature, typed or printed name of registered agent and title t	applicable (NOTE Registered Ag	ens signatur	required when reinstating)	DATE
FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financin     Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<del> </del>
TITLE NAME STREET ADDRESS CITY-SY-ZIP	STD URAL, NURSEL H. 3608 ANDERSON RD CORAL GABLES, FL				U000000084887 01/15/04-80029-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URAL, OKTAY 3608 ANDERSON RD CORAL GABLES, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					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-ZIP				, <del></del>	
12. I hereby of indicated of the cor	pertify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered	ing does not qualify for the exempt not accurate and that my signature to execute this report as required	on state shall hav by Chap	f in Section 119.07(3) te the same legal effecter 607, Florida Statute	(i), Florida Statutes, I further certify that the information of as if made under oath; that I am an officer or directores, and that my name appears in Block 10 or Block 11 if