


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90065 022 ***550.00

DOCUMENT # F45398 1. Entity Name P. & S. CONSTRUCTION INC. OF BOCA RATON					
Principal Place of Business 2865 S.W. 22 AVENUE UNIT 101 DELRAY BEACH FL 33445			Mailing Address 2865 S.W. 22 AVENUE UNIT 101 DELRAY BEACH FL 33445		
2. Principal Place of Business 2865 S.W. 22 AVENUE		3. Mailing Address 2865 S.W. 22 AVENUE			
Suite, Apt. #, etc. UNIT 101		Suite, Apt. #, etc. UNIT 101			
City & State DELRAY BEACH FLA.		City & State DELRAY BEACH FLA.		4. FEI Number 59-2139668 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33445	Country FLA BEACH	Zip 33445	Country FLA BEACH		
6. Name and Address of Current Registered Agent MARIANI, PAUL M. 2865 S.W. 22 AVENUE UNIT 101 DELRAY BEACH FL 33445			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARIANI, PAUL M 2865 S.W. 22 AVENUE, UNIT 101 DELRAY BEACH FL 33445	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARIANI, CHRISTOPHER L 8891 WILES ROAD, APT. 204 CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
SIGNATURE: <u>Paul M. Mariani</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>7-28-05 (561) 239-9708</u> Date Daytime Phone #		



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