2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 08:00 A Secretary of State

ANNUAL REPORT								
1. Entity Nam	MENT # F78927 ENERAL CONTRACTORS, IN	C.				Secretary of	St	
1722 AVENI	e of Business DA DEL SOL N, FL 33432	Mailing Address 1722 AVENIDA DEL SOL BOCA RATON, FL 33432] 	II (200) INKO UKA II AK II AK	OPHI BING NEW NEW ARM DINNERS IF INC	1	
				01162008	No Chg-P	CR2E034 (11/05)		
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb 59-219	er	Applied Fo		
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					and the state of a	of the time of the	- 1	
1722 AVE	RTEN, YIZY NIDA DEL SOL TON, FL 33432			NOT W THIS SP	The contrate of the con-			
8. The above the obligat	named entity submits this statement for the ions of registered agent. Signature typed or printed name of registered agent and the statement agent agent and the statement agent age		ed office or register		oth, in the State of Flo	rida. I am familiar with, and acc	ept	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing _ \$5.	.00 May Be ed to Fees				
10.	OFFICERS AND DIF	ECTORS		n.		Allen State State of the	, .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD WEINGARTEN, YIZY 1722 AVENIDA DEL SOL BOCA RATON, FL 33432				. 03/26,/08 .	85282234444444 80045-001 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHRIBERG, KENNETH 1722 AVENIDA DEL SOL BOCA RATON, FL 33432					ંતું કું કું કું કું કું કું કું કું કું ક		
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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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08

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Daytime Pho