


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

08-24-2005 90056 014 \*\*\*558.75

<b>DOCUMENT # G57130</b> 1. Entity Name <b>LAVISH CONSTRUCTION CORPORATION</b>																													
Principal Place of Business <b>701 MORINGSIDE DRIVE MIAMI SPRINGS, FL 33166</b>			Mailing Address <b>701 MORINGSIDE DRIVE MIAMI SPRINGS, FL 33166</b>																										
2. Principal Place of Business <b>2840 POMELLO RD</b> Suite, Apt. #, etc.			3. Mailing Address <b>2840 POMELLO RD.</b> Suite, Apt. #, etc.																										
City & State <b>MAIABAR, FLA.</b> Zip <b>32950</b> Country			City & State <b>MAIABAR, FLA.</b> Zip <b>32950</b> Country																										
4. FEI Number <b>59-2312722</b>			Applied For Not Applicable																										
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>																										
6. Name and Address of Current Registered Agent  <b>CREASMAN, GERALD E CPA 9245 SW 157ST 105 MIAMI, FL 33157</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																										
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 _____																													
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>LAVISH, DANA BRUCE</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>701 MORINGSIDE DRIVE</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>MAIMI SPRINGS, FL</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	<b>LAVISH, DANA BRUCE</b>		STREET ADDRESS	<b>701 MORINGSIDE DRIVE</b>		CITY - ST - ZIP	<b>MAIMI SPRINGS, FL</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>LAVISH, DANA BRUCE</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2840 POMELLO RD.</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>MAIABAR, FLA 32950</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>LAVISH, DANA BRUCE</b>		STREET ADDRESS	<b>2840 POMELLO RD.</b>		CITY - ST - ZIP	<b>MAIABAR, FLA 32950</b>	
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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.																													
<b>SIGNATURE: <i>Dana Bruce Lavish</i> DANA BRUCE LAVISH 8/15/05 321-536-9238</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													

**50063187**



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