2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2004 08:00 AM DOCUMENT # G69417 **Secretary of State** 1. Entity Name F & P BUILDERS, INC. Principal Place of Business Mailing Address % FERMIN RODRIGUEZ % FERMIN RODRIGUEZ 440 EAST 53RD ST. HIALEAH FL 33013 440 EAST 53RD ST. HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-2330727 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, FERMIN 440 EAST 53RD STREET Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33013 Zıp 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition RODRIGUEZ, FERMIN NAME NAME STREET ADDRESS 440 E. 53RD STREET STREET ADDRESS C!TY - ST - ZIP HIALEAH FL CITY-ST-ZIP MILE ☐ Delete TITLE Change | ☐ Addition NAME GARCIA, PEDRO NAME STREET ADDRESS 6886 N. WATERWAY DRIVE STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP CITY-SJ-ZIP TITLE TITLE U0000004960**0** ☐ Change ☐ Delete ☐ Addition NAME NAME 02/13/04-80030-007 150.00 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -THLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP

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.

SIGNATURE

FILED