## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** H 49714

1. Entity Name EXPERT BUILDERS, INC



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				SECRETARY OF STATE TALL AHASSEE, I LORIDA			
DO NOT WRITE IN THIS SPACE					IALI AHAS	55f E. FL(	JRIDA
			FAUE				
2. Principal Place of	Rueinees	3. Mailing Address					
109 NW 5th Avenue		PO Box 5144					. 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SPAC	DE DU
							<u> </u>
City & State Fort Lauderdale,F1		City & State Fort Lauderdale, F1		4. FEI Nu	umber 59-2629614		Applied For Not Applicable
Zip 33311 Country Broward		Zip Country		-	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
		33310-5144					
A server of the			Nassa	7. Name a	7. Name and Address of Current Registered Agent		
A STATE OF THE STA	DO NOT I	/DITE			s Giles		
The second secon	.DO_NOT_V				CO. Box Number is Not Acceptable) NW 27th Street		
IN THIS SPACE					7011 Street		
				t Lauderdale, <b>FL</b> 33311			
<ol><li>The above named the obligations of</li></ol>	fentity submits this statement	for the purpose of changing its	registered office or re	gistered agent, or	both, in the State of Florid	da. I am familia	ar with, and accept
the obligations of	registered agent.	a					
SIGNATURE W	gus Di	le	· .			4/12/0	04
	e, typed or printed name of registered ago I - May 1 Fee is \$150.00	ent and title if applicable. (NOT	E: Registered Agent signature	equired when reinstating	1)	DATE	
After May 1, Fee is \$550.00					Election Campaign Finar		\$5.00 May Be
Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Trust Fund Contribution. Added to Fees		
10.		D DIRECTORS					
TITLE D	<del>-</del>			A Mariana A Mariana			
NAME Gi STREET ADDRESS 18	les,Doris A	NW 27th Street					Maria Maria
	rt Lauderdale		STREET ADDRESS CITY_ST-ZIP	r.	40maeeooo		
	VD			047	400032879564 04/15/0401046003 **150.00		
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12. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

WOUND LINE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

954/768-0646

Daytime Phone #

CR2E034R (12/0)