2004 FOR PROFIT CORPORATION

Jan 20, $\overline{2004}$ 8:00 am **Secretary of State** ANNUAL REPORT 01-20-2004 90059 011 ***150.00 **DOCUMENT # H84238** 1. Entity Name MORCON CONSTRUCTION, INC. 44003443 Mailing Address Principal Place of Business 4727 N. OCEAN BLVD. 4727 N. OCEAN BLVD. FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 2. Principal Place of Business 4157 N. OCEAN BY . DCEAN CR2E034 (10/03) 01072004 Chg-P Suite, Apt. #, etc. Applied For 4. FEI Number Not Applicable 59-2639284 \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OBERT MORENO, ROBERT r is Not Acceptable 4727 N. OCEAN BLVD. FORT LAUDERDALE, FL 33308 in the State of Florida. I am 8. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent. ADDITESS TOTHE ON the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Delete TITLE MONENO, ROBERT NAME MORENO, ROBERT NAME STREET ADDRESS 3120 NE 45 STR STREET ADDRESS 33368 CITY-ST-ZIP FT LAUDERDALE, FL CITY-ST-ZIP Change : Delete TITLE TITLE D MONENIU, MANJ NAME MORENO, MARTA NAME STREET ADDRESS 3120 NE 45 STR STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED