


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90081 020 ***150.00

DOCUMENT # J26346	
1. Entity Name NORTHEAST CONTRACTORS, INC.	

Principal Place of Business 1111 N.E. 16 TERRACE FORT LAUDERDALE FL 33304 US	Mailing Address P.O. BOX 39504 FT. LAUDERDALE FL 33339 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-2700300	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
WALLACE, RICAHRD E 1111 NW 16 TERRACE <u>1111 NE 16 TERR</u> FORT LAUDERDALE FL 33304	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <u>1111 NE 16 TERR</u>	
City	FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT <input type="checkbox"/> Delete	NAME WALLACE, RICAHRD E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1111 NE 16 TERR	CITY-ST-ZIP FT. LAUDERDALE FL	NAME	
TITLE V <input type="checkbox"/> Delete	NAME WALLACE, BERNICE	TITLE V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1111 NE 16 TERRACE	CITY-ST-ZIP FORT LAUDERDALE FL 33304	NAME WALLACE, BERNICE	
TITLE S <input checked="" type="checkbox"/> Delete	NAME MARCIN, MARTIN A	STREET ADDRESS 1111 NE 16 TERR	
STREET ADDRESS 1111 NE 16 TERRACE	CITY-ST-ZIP FORT LAUDERDALE FL 33304	CITY-ST-ZIP FORT LAUDERDALE FL 33304	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Bernice Wallace (BERNICE WALLACE) **4-2-02** **954-527-1320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #