2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2008 08:00 Al Secretary of State

ANNUAL REPORT					Secretary of St			
DOCU	MENT # J26968]	•	Secreta	ary of St		
1. Entity Nam	ne CONSTRUCTION INCORPO							
BITAITG	SONSTRUCTION MODILY OF	WIED.						
Principal Plac	e of Business	Mailing Address		1	•		-	
4300 OAK C		4300 OAK CIR.						
BOCA RATON	N, FL 33431	BOCA RATON, FL 33431						
_			01042008 No Chg-P CR2E034 (11/05)					
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb		<u>.</u>	Applied For	
				59-270)4044		Not Applicable	
	'			5. Certificate	of Status Desired		75 Additional Required	
	. 6. Name and Address of Current R	agistered Agent						
FEDELE, .	JAMES R			DO	NOT W	DITE		
4300 OAK CIR BOCA RATON, FL 33431					•			
BUCA KA	ION, FL 33431			IN .	THIS SI	PACE		
				-				
8. The above	named entity submits this statement for t	he purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of F	lorida. I am famil	iar with, and accept	
	ions of registered agent.	6 2.8.	, ,					
SIGNATURE		d title if applicable (NOTE: Registers			n Tarta Para Para Ara Para Arabana	DATE .	The second of th	
FILE NOWIII FEE IS \$150.00 After May 1 2008 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be				
	ay 1, 2008 Fee will be \$550.00	<u> </u>						
TITLE	OFFICERS AND D	RECTORS	-					
NAME	FEDELE, JAMES R.						l	
STREET ADDRESS	16420 BRIDLE WOOD CIRCLE				U0000	0817197		
CITY-ST-ZIP	DELRAY BEACH, FL 33445	<u> </u>	-		02/14/08	10817197 1–80079–01	12 150.00	
TITLE NAME								
STREET ADDRESS								
CITY-ST-ZIP			-					
TITLE NAME								
STREET ADDRESS			·	DO	NOT W	RITE		
CITY-ST-ZIP			-					
TITLE NAME				IN	THIS S	PACE		
STREET ADDRESS								
CITY-ST-ZIP				•				
TITLE NAME								
STREET ADDRESS								
CITY-ST-ZIP		····			**,	***		
TITLE, NAME -		•••	,	\$27,50				

12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY-S1-ZIP**