2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 01, 2007 08:00 AM DOCUMENT # J92883 1. Entity Name **Secretary of State** TASK SURVEYORS, INC. Principal Place of Business Mailing Address 17638 S.W. 97TH AVE. 17638 S.W. 97TH AVE. MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 65-0022351 Not Applicat Zin 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 Name HOFFMAN, ROBERT M., ESQ. Street Address (P.O. Box Number is Not Acceptable) 5975 SUNSET DR. PENTHOUSE 802 SOUTH MIAMI FL 33143 City 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 access the obligations of registered agent. SIGNATURE Sequeture, typed or printed name of registered agent and title it applicable (NOTE Registated Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May P After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 11111 HTLE Delete Change STEINOCHER, JOSEPH NAM NAMS 9701 COLONIAL DRIVE U00000616537 '07./07-80031-016 | 150,75 □ ⊷: SIDECT ADDRESS SIFILI I ADDRESS MIAMI FL 33157 OTY ST 7IF CITY SEZIF 1110 Delete IIIIE NAM NAM STREET ADDRESS SHELLADOWSS CHY-SI-ZIP CHY SI 782 Imr ☐ Change mur ☐ **...**"" Delete MALE NAME STREET ADDRESS SHIFT ADDRESS CHY SI ZIP CITY ST 702 ☐ Delete 11111 11111 ☐ A. ` · · ☐ Change NAME MARK STREET ADDRESS SHELLADDRESS CHY ST 70P CUTY ST ZIP 11111 ☐ Octobe 11115 ☐ Change Ar. are NAM MALE STREET ADDRESS STREET ADDRESS CHY SI 783 GBY SE-ZP TITLE ☐ Delete MILE ☐ Change Ack NAME NAME SURFE ADDRESS STREET ADDRESS CITY ST ZIP CHY-SE ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or direction 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 1 if changed, or on an attachment with an address, with all other like empowered