


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90001 038 ***158.75

DOCUMENT # J99800 1. Entity Name PRIEDE MAL CONSTRUCTORS, INC.	
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Principal Place of Business 1465 TAMPA PARK PLAZA TAMPA, FL 33605	Mailing Address 1465 TAMPA PARK PLAZA TAMPA, FL 33605
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DO NOT WRITE IN THIS SPACE



06182004 No Chg-P CR2E034 (10/03)

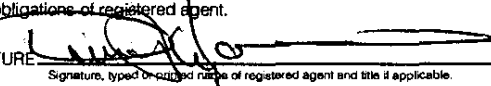
4. FEI Number 59-2869734	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUCCIO-VINCENT
4049 HENDERSON BLVD
P.O. BOX 320006
TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

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  DATE 7-17-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT PRIEDE, NELSON J. 3606 LITTLE RD TAMPA, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS MALPHUS, WILBERT 1483 TAMPA PARK PLAZA TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  DATE 7-12-04 813-892-3983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

Priede-Mal Constructors

STATE CERTIFIED BUILDING CONTRACTOR #CB-CA41954
STATE CERTIFIED ROOFING CONTRACTOR #CC-C044028

54068513
J99800

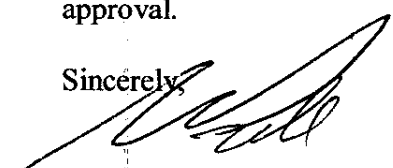
July 12th 2004

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised that we just received a Notice of Intent to Dissolve from your department. We wish to explain that we have not received any notification of renewal, therefore we have enclosed the \$150.00 for renewal. We hope this meets with your approval.

Sincerely,



Nelson J. Priede, President
Priede-Mal Constructors, Inc.

RECEIVED
DIVISION OF CORPORATIONS
JUL 15 2004