

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # K33071**

1. Entity Name  
L.A.B. CONSTRUCTION CO.



**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business

% BASILIO L. ALPIZAR  
5220 NW 4 TER  
MIAMI, FL 33126

Mailing Address

% BASILIO L. ALPIZAR  
5220 NW 4 TER  
MIAMI, FL 33126



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0074199

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALPIZAR, BASILIO L.  
5220 NW 4 TER  
MIAMI, FL 33126

**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

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**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALPIZAR, BASILIO L.
STREET ADDRESS	5220 NW 4 TER
CITY - ST - ZIP	MIAMI, FL
TITLE	DS
NAME	MABEL, ALAMINA A
STREET ADDRESS	5220 N.W. 4 TERRACE
CITY - ST - ZIP	MIAMI, FL
TITLE	DT
NAME	ALPIZAR, MARTHA C
STREET ADDRESS	5220 NW N TERR
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000004581  
01/15/04-80018-022 150.00

**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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Basilio L. Alpizar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-04 (305) 443-71359  
Date Daytime Phone #