## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K48870

FILED May 09, 2008 Secretary of State

Entity Name: AMER-CON CORP.								
Current Principal Place of Business:					New Principal Place of Business:			
18001 OLD SUITE 450 PALMETTO			US					
Current Mailing Address:					New Mailing Address:			
18001 OLD SUITE 450 PALMETTO			US					
FEI Number:	65-0108138	FEI	Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
RAPAPORT, HENRY 12440 MOSS RANCH ROAD PINECREST, FL 33156 US					RAPAPORT, HENRY 18001 OLD CUTLER RD. #450 PALMETTO BAY, FL 33157 US			
The above in the State			its this statement for the p	ourpose o	f changing i	ts registere	ed office or registered agent, or both,	
SIGNATURE:							05/09/2008	
	Elec	tronic Sig	gnature of Registered Age	ent			Date	
			), F.S., the corporation did no t Fund Contribution (X).	ot receive t	he prior notic	e.		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP RAPAPORT 18001 OLD PALMETTO	CUTLER	s, RD. #450		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPD RAPAPORT 18001 OLD PALMETTO	CUTLER	RMO, RD. #450		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPD RAPAPORT 18001 OLD PALMETTO	CUTLER	D, RD. #450		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPD RAPAPORT 18001 OLD PALMETTO	CUTLER	Г, RD. <b>#</b> 450		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	VPD	( ) Deleti	<b>a</b>		Title:	VPD	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

RAPAPORT, HÉNRY,

18001 OLD CUTLER RD. #450

PALMETTO BAY, FL 33157

SIGNATURE: HENRY RAPAPORT **VPD** 05/09/2008

RAPAPORT, HÉNRY,

MIAMI, FL 33156

12440 MOSS RANCH RD.

Name:

Address:

City-St-Zip: