

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # K58279

1. Entity Name

FLAGLER BUILDERS CORPORATION



Principal Place of Business

**717 PONCE DE LEON BLVD., SUITE 234
CORAL GABLES FL 33134**

Mailing Address

**717 PONCE DE LEON BLVD., SUITE 234
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number: **65-0177169**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FABRE, FRANK R S
717 PONCE DE LEON BLVD., SUITE 234
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PSD** ☐ Delete
NAME: **ROBLES, WINSTON**
STREET ADDRESS: **CALLE 50 EDIF. BANCOMER, 19TH FLOOR**
CITY-ST-ZIP: **PANAMA REPUBLIC OF PANAMA FL**

TITLE: ☐ Change ☐ Addition
NAME: **000000507003**
STREET ADDRESS: **04/27/06 80047-005**
CITY-ST-ZIP: **150.00**

TITLE: **AS** ☐ Delete
NAME: **FABRE, FRANK R S**
STREET ADDRESS: **717 PONCE DE LEON BLVD., SUITE 234**
CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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 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:

Frank R. S. Fabre 4/6/06 308 406-3266