2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K62906 1. Entity Name MINOTTI CONSTRUCTION INC.										SECRETARY OF STATE DIVISION OF CORPORATIONS 04 OCT 22 PM 3: 33			
Principal Place of Business 1320 NW 2ND CIRCLE P.O. BOX 1973 BOCA RATON, FL 33429				Mailing Address 1320 NW 2ND CIRCLE P.O. BOX 1973 BOCA RATON, FL 33429						Am aidh siril ar	DIN SIKIS BIBII DIDI	1 00 3 (2 1 20 7	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10182004	Chg-P	CR2E	034 (10/03)		
City & State				City & State				4. FEI Numb	= "			plied For t Applicable	
Zip	p Country			Zip	Count	lry .	5. Certificate of Status Desired				S8.75 Additional Fee Required		
6. Name and Address of Current F							7. Name and Address of New Registered Agent						
BERMAN, PHILIP M., ESQ. 2424 NE 22ND STREET POMPANO BEACH, FL 33062				- - -			Name Gabriel A. Minotti Jr. Street Address (P.O. Box Number is Not Acceptable) 1300 NW DW Circle City Boca Raton, FL Zip Code 734432						
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 eigent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Amended AR is \$61.25				Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees					
10.	OFFICERS AND						-		CHANGES TO O	FFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MINOTTI, GABRIEL, JR. 1320 NW 2ND CIR BOCA RATON, FL			Delete IIILI NAM STRE CITY			(320	sho, Ho E ww c	viel Jr. nd Arcel n, FL 3		Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DVT MINOTTI, SUSAN E. 1320 NW 2ND CIR BOCA RATON, FL			☐ Delete	E Et address -St-Zip	1320	otti, Susan E.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			□ Deløte			Fic. 520	hera h no NUS 5 a Raton	lichael C th Ave	3487	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				10/22	7 2004 704—01030	1 DO 7)002	□ Change *24 **61.2	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		☐ Delete						•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				*			☐ Change	☐ Addition	
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: Output Output Signature Signa													
SIGNAT	URE: _	SIGNATURE AND TYPED	OR BRINTE	D NAME OF SIGNING OFFICER		, / / (/ / TOR	1011	<u> </u>	Date Date	, ,	Daytime Phone #	3/3	