## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # K74691



## FILED Mar 29, 2004 8:00 am Secretary of State

| ## Modifful Address   Modifful Address   ## Address   American   ## Address   ##    | PRO REBAR & CABLE, INC.  |  |  |                | 03-29-2004 90086 019 ***150.00  |  |
|---|--|--|--|----------------|---|--|
| DAVIE FL 39325   DAVI      | Principal Place of Business Mailing Address  |  |  |                |   |  |
| Sulto Apt. #. etc   Sulto Apt. #. etc   Sulto Apt. #. etc   MOORE   CR2634 (11/03)  | 14500 FAIRFAX PL. 14500 FA   |  |  |                |   |  |
| City & State  | 2. Principal Place of Business 3. Ma   |  | 3. Mailing Address                     |                |   |  |
| Applicable   App      | Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                    |                | MOORE CR2E034 (11/03)   |  |
| S. Certificace of Status Disperce   Five Required   Five Requi    | City & State   |  | City & State                           |                | I 65_∩127999  |  |
| RIZZUTO, ANTHONY 14500 FAIRFAX PL. DAVIE FL 33325  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 turnill art with, and accept the obligations of registered agent.  SIGNATURE    City   FL   Zio Code  | Zip  |  | Zip (                                  | Country        |   |  |
| RIZZUTO, ANTHONY 14500 FAIRFAX PL DAVIE FL 33325  8. The above named entity submits this statement for the purpose of changing its registered office or registered spent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FLE NOW!! FEE IS \$150.00  After May 1, 2004 Fee will be \$50.00  After May 1, 2004 Fee will be \$50.00  Make Check Payable to Plontial Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADVIE FL 33325  CITY-51-2P  PAY Defended Payable to Plontial Department of State 11.  ADVIE FL 33325  CITY-51-2P  TITLE  NAME SIRELY ADDRESS  CITY-51-2P  TITLE |  | 6. Name and Address of Current         | Registered Agent                       |                | 7. Name and Address of New Registered Agent                                 |  |
| 14500 FAIRFAX PL. DAVIE FL 33325  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU    |  | 7/170 ANTHONIS                         |  | Name           |   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Commonweight    | 14500 FAIRFAX PL.  |  |  | Street Address | (P.O. Box Number is Not Acceptable)   |  |
| SIGNATURE   Delete   TITLE   DAVIE FL 33325   CITY-ST-ZP   Change   Addition   MAME   STREET ADDRESS   CITY-ST-ZP   CITY-ST-ZP   CHANGE   CHANGE   CITY-ST-ZP   C    |  |  |  | City           | FL Zip Code   |  |
| Name   Part         |  |  |  |                |   |  |
| Signature, Private carried carried orgested agent and first all applicables   NOTE: Registrated Agent systems where where the work of the systems   STEELE IN STEEL      | GIONATURE.   |  |  |                |   |  |
| After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |  |  |                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Afte   | r May 1, 2004 Fee will be \$550.00     |  |                |   |  |
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| STREET ADDRESS CITY-ST-ZIP DAVIE FL 33325  TITLE NAME RIZZUTO, MARY STREET ADDRESS CITY-ST-ZIP DAVIE FL 33325  CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ł .  |  | ☐ Delete                               | 1              | . Change Addition   |  |
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|   |  | cortify that the information appells = | th this filing does not suglify to the | L              | Section 119.07/3Vi) Florida Statutas Liturthor postifu that the information |  |

indicated on this report or supplied with this limit does not quality for the exemption stated in Section 19.07(3)(). Florida Statutes. Turther 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.