2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 28, 2005 08:00 AM DOCUMENT # L46655 **Secretary of State** 1. Entity Name SCHLESINGER CONSTRUCTION, INC. Mailing Address Principal Place of Business C/O GREGG SCHLESINGER C/O GREGG SCHLESINGER 1212 SE 3 AVE 1212 SE 3 AVE FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/04) 1st MOORE 4. FEI Number Applied For City & State City & State 65-0180340 Not Applicab Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHLESINGER, GREGG Street Address (P.O. Box Number is Not Acceptable) 1212 SE 3 AVE FT. LAUDERDALE FL 33316 Zip Code City 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 (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name or registered agent and little if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addi: Change HILL ☐ Delete afte NAME NAME GREGG SCHLESINGER STREET ADDRESS 1212 S.E. 3RD AVENUE STREET AODRESS FT. LAUDERDALE FL PITY-ST 7IP CITY ST-7IP Addiii Change HILE ☐ Delete THE 160000245371 NAME NAME 02/28/05-80022-028 150.**00** STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change Addition ☐ Delete ше TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST. 7IP CITY-ST-ZIP Change A. iiiii ☐ Delete MILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition THE ☐ Delete TITLE NAME NAME STREET ADDRESS THREET ADDRESS CHY-SE ZIP CITY ST-ZIP Change Addition ☐ Delete HIE THE NAME STREET ADDRESS STREET ADDRESS CHY SE ZIP CITY ST-ZIP 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 after an accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direction of the corporation or the receiver or trustee employeed 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 altother like empowered.

FILED

Daytme Phone #

Date