


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L62862	
<b>1. Entity Name</b> INTRASTATE CONSTRUCTION CORPORATION	

<b>Principal Place of Business</b> 8488 STATE RD 84 DAVIE, FL 33324 US	<b>Mailing Address</b> 8488 STATE RD 84 DAVIE, FL 33324 US
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03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0361143	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  BISOGNO, LISA 8488 STATE RD 84 FORT LAUDERDALE, FL 33324
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**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 reinstating)) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000096217 03/25/04-90021-013 150.00
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PT	<b>NAME</b> BISOGNO, LISA
<b>STREET ADDRESS</b> 2001 N.E. 32ND AVENUE	<b>CITY-ST-ZIP</b> FORT LAUDERDALE, FL 33305
<b>TITLE</b> VS	<b>NAME</b> BISOGNO, PETER
<b>STREET ADDRESS</b> 2001 N.E. 32ND AVENUE	<b>CITY-ST-ZIP</b> FT. LAUDERDALE, FL 33305
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

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**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:** Lisa Bisogno, Pres. **March 22, 2004** (954) 424-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #