2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Sep 13, 2004 8:00 am Secretary of State DOCUMENT# M02639 09-13-2004 90009 010 ***158.75 ASSOCIATED CONSTRUCTION, INC. Principal Place of Business Mailing Address 1120 HOLLAND DRIVE 1181 S ROGERS CIR STF 22 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address 1120 HOLLAND DRIVE 1120 HOLLAND DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 05102004 CR2E034 (10/03) SUITE 6 SUITE 6 City & State City & State 4. FEI Number Applied For BOCA RATON, FL BOCA RATON, 65-0247600 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33487 Fee Required U.S.A. 33487 U.S.A.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRANDT, ALAN C JR Street Address (P.O. Box Number is Not Acceptable) 150 S PINE ISLAND RD SUITE 400 FT LAUDERDALE, FL 33324 City 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ST TITLE TITLE ☐ Defete Addition JACQUELINE DEL VECCHIO **DEL VECCHIO, JACQUELINE** NAME NARRE 1120 HOLLAND DRIVE, SUITE 6 STREET ADDRESS 1181 C. ROCERS CIR., STE 22 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP BOCA RATON, FL 33487 TITLE ☐ Delete TITLE **Y** Change Addition PAUL J. DEL VECCHIO DEL VECCHIO, PAUL J NAME NAME STREET ADDRESS 1120 HOLLAND DRIVE, SUITE 6 STREET ADDRESS 4481 6. ROCERO GIR., OTE 22: BOCA RATON, FL 33487 CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-7IP Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 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 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 attactorient with an address, with all other like empowered.

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