



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|-----------------------|---|--|---|--|
| DOCUMENT # M58897 1. Entity Name ADV CONSTRUCTION CORPORATION | |  | | | |
| Principal Place of Business 1844 PLEASANT DR. P.O. BOX 14903, N.P.B. FL JUNO, FL 33408 | | Mailing Address 1844 PLEASANT DR. P.O. BOX 14903, N.P.B. FL JUNO, FL 33408 | | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| | | | |  04062004 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number NOT APPLICABLE | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VAZQUEZ, ALEJANDRO D. 1844 PLEASANT DR. JUNO, FL 33408 | | | | DO NOT WRITE IN THIS SPACE | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE _____ | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | DO NOT WRITE IN THIS SPACE U000000154182 05/04/04-80158-006 150.00 | |
| TITLE | DPS | | | | |
| NAME | VAZQUEZ, ALEJANDRO D. | | | | |
| STREET ADDRESS | 1844 PLEASANT DR. | | | | |
| CITY- ST- ZIP | NORTH PALM BEACH, FL | | | | |
| TITLE | VT | | | | |
| NAME | VAZQUEZ, IRENE H. | | | | |
| STREET ADDRESS | 1844 PLEASANT DR. | | | | |
| CITY- ST- ZIP | JUNO, FL | | | | |
| TITLE | | | | DO NOT WRITE IN THIS SPACE | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | | | 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. | |
| NAME | | | | | |
| STREET ADDRESS | | | | SIGNATURE: <u>Irene H. Vazquez</u> 4/25/04 626-2011 | |
| CITY- ST- ZIP | | | | Date Daytime Phone # | |