

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-12-2004 90038 015 ****70.00

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MOORE CR2E037 (11/03)

DOCUMENT # N03000002325 1. Entity Name FLORIDA BUILDERS ASSOCIATION, INC.					
Principal Place of Business 1080 E. 24 STREET HIALEAH FL 33013			Mailing Address 1080 E. 24 STREET HIALEAH FL 33013		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 510-454897	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MENDIETA, VERONICA 1080 E. 24 STREET HIALEAH FL 33013				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.				\$8.75 Additional Fee Required	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: D MENDIETA, VERONICA ☐ Delete NAME: 1080 E. 24 STREET STREET ADDRESS: HIALEAH FL 33013 CITY-ST-ZIP:			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D CASAMAYOR, AUGUSTO R ☐ Delete NAME: 1080 E. 24 STREET STREET ADDRESS: HIALEAH FL 33013 CITY-ST-ZIP:			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D PONCE, MILTON ☐ Delete NAME: 1080 E. 24 STREET STREET ADDRESS: HIALEAH FL 33013 CITY-ST-ZIP:			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D SUAREZ, NEIDA ☒ Delete NAME: 1080 E. 24 STREET STREET ADDRESS: HIALEAH FL 33013 CITY-ST-ZIP:			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D AJO, I. DINO ☐ Delete NAME: 1080 E. 24 STREET STREET ADDRESS: HIALEAH FL 33013 CITY-ST-ZIP:			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D SAGASTEGUI, ANA MARIA ☐ Delete NAME: 1080 E. 24 STREET STREET ADDRESS: HIALEAH FL 33013 CITY-ST-ZIP:			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: 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 617, 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: <u>VERONICA MENDIETA</u> 3/3/04 (305)691-5105 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					