

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000005438

1. Entity Name
BUILDING BRANDS, INC.



Principal Place of Business
4649 PONCE DE LEON BLVD.
SUITE 400
MIAMI, FL 33146

Mailing Address
4649 PONCE DE LEON BLVD.
SUITE 400
MIAMI, FL 33146



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1082588

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASSERSTROM, KEITH
1909 TYLER STREET
WACHOVIA CENTER PENTHOUSE
HOLLYWOOD, FL 33020

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000001308235

04/15/05-80085-023 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
SEAGREN, DAG
STREET ADDRESS
90 EDGEWATER DRIVE #818
CITY - ST - ZIP
CORAL GABLES, FL 33133

TITLE
NAME
D
SEAGREN, LARS
STREET ADDRESS
90 EDGEWATER DRIVE #818
CITY - ST - ZIP
CORAL GABLES, FL 33133

TITLE
NAME
D
LARSEN, CHARLES E
STREET ADDRESS
3890 STEVE REYNOLDS BLVD.
CITY - ST - ZIP
NORCROSS, GA 30093

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 305 663-3090
Date Daytime Phone #