

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90203 026 ***150.00

DOCUMENT # P00000072438 1. Entity Name BENCHMARK CONSTRUCTION MANAGEMENT, INC.					
Principal Place of Business 2121 BARCELONA WAY SOUTH ST. PETERSBURG, FL 33712			Mailing Address 2121 BARCELONA WAY SOUTH ST. PETERSBURG, FL 33712		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-1030681			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HATCH-ABDULLAH, DELLA C/O ROUSON & BRUMLEY, P.A. 3110 1ST AVENUE NORTH, STE 5W ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name <u>Della Hatch-Abdullah</u> Street Address (P.O. Box Number is Not Acceptable) <u>2121 Barcelona Way South</u> City <u>St. Petersburg</u> FL Zip Code <u>33712</u>	
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 <u>Della Hatch-Abdullah</u> <u>Della Hatch-Abdullah</u> <u>4/30/06</u> Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent's signature required when changing.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABDULLAH. M. TAALIB 2121 BARCELONA WAY SOUTH ST. PETERSBURG, FL 33712	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AHMAD, QASIM 3880 34TH AVENUE S.. #E ST. PETERSBURG, FL 33711	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>M. Taalib Abdullah</u> <u>4-30-06</u> <u>737-867-1705</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Phone #					