

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90030 038 ***150.00

DOCUMENT # P01000000102

1. Entity Name

MAK CONSTRUCTION ENTERPRISES, INC.



Principal Place of Business

**5143 WOODFIELD WAY
COCONUT CREEK FL 33073**

Mailing Address

**5143 WOODFIELD WAY
COCONUT CREEK FL 33073**

2. Principal Place of Business

5143 Woodfield Way

Suite, Apt. #, etc.

N/A

3. Mailing Address

5143 Woodfield Way

Suite, Apt. #, etc.

N/A

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

Zip

33073-2233

Country

Broward

Zip

33073-2233

Country

Broward

6. Name and Address of Current Registered Agent

**FLORES, MANUEL F
5143 WOODFIELD WAY
COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name

Daniel Belgiovine

Street Address (P.O. Box Number is Not Acceptable)

5560 W. 8th Ct.

City

Hialeah

FL

Zip Code

33012

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

Manuel F. Flores

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FLORES, MANUEL F
STREET ADDRESS 5143 WOODFIELD WAY
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE VP ☐ Change ☒ Addition
NAME Daniel Belgiovine
STREET ADDRESS 5560 W. 8th Ct.
CITY-ST-ZIP Hialeah, FL 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

2/2/04

Date

(954) 421-9061

Daytime Phone #