


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91247 014 ***150.00

DOCUMENT # P01000005970	
1. Entity Name TICO WALL CONSTRUCTION, INC.	

Principal Place of Business 2851 N OAKLAND FOREST DR SUITE 107 FORT LAUDERDALE, FL 33309	Mailing Address 2851 N OAKLAND FOREST DR SUITE 107 FORT LAUDERDALE, FL 33309
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2. Principal Place of Business 1760 J Linton Lake Drive Suite, Apt. #, etc.	3. Mailing Address 1760 J Linton Lake Drive Suite, Apt. #, etc.
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City & State Delray Beach, Florida	City & State Delray Beach, Florida
Zip 33445	Country
Zip 33445	Country



04032004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent KOS, ANA 770 NW 98TH WAY PLANTATION, FL 33324	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1542 Blue Jay Circle City Weston FL Zip Code 33327	

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: *x* *Ana Kos* (NOTE: Registered Agent signature required when reinstating) DATE: *4/26/04*

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KOS, ANA 770 NORTHWEST 98TH WAY PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1542 Blue Jay Circle Weston, Florida 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *x* *Ana Kos* *x* *4/26/04* 954-663-0255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #