2008 FOR PROFIT CORPORATION

May 05. 2008 08:00 AN ate

ANNUAL REPORT					Secretary of Sta			
DOCU	MENT # P01000006			, and a	secretar y	01 512		
DEV-RO CONSTRUCTION, INC.								
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Principal Plac	e of Business	Mailing Address		1				
4281 NW 51 Lauderdali	IST AVE. E lakes, fl. 33319	6021 NW 25 ST Fort Lauderdale, FL 33313	}					
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	O NOT WRITE	CE	4. FEI Numbe		· · · · · · · · · · · · · · · · · · ·	Applied For		
				65-106			ot Applicable	
				5. Certificate	of Status Desired	☐ \$8.75 Ac Fee Requir		
	6. Name and Address of Current	Registered Agent		•				
	OUGH, ROAN		DO	NOT W	RITE			
6021 NW 25 ST FORT LAUDERDALE, FL 33313					THIS SF			
				11/4	ı mıə ər	ACE		
O The share								
	named entity submits this statement for tions of registered agent.	r the purpose of changing its registers	ed office or register	ed agent, or bo	th, in the State of Fig	prida. Tam familiar wilf	i, and accept	
SIGNATURE	Signature, typed or printed name of registered agent is	and the description of the control o				DAYE		
	Signature, typed or printed name of registered agent t	and special policina (NOTE Registere	d Agent signature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	-					
NAME	MCDONNOUGH, ROAN		ł					
STREET ADDRESS CITY-ST-ZIP	4281 NW 51ST AVE. LAUDERDALE LAKES, FL 3331	a				0949855		
TITLE	ENOBERDALE DARLO, I E 0001				06/03/08	-80036-023 1	50.00	
NAME CAREET ARRESCO			Į.					
STREET ADDRESS CITY-ST-ZIP								
TITLE		·						
NAME CIBLLI ADDRESS								
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE			1	IN .	THIS SF	PACE		
NAME STREET ADDRESS				•••		, (Om		
City-SI-ZIP								
TITLE			1					
NAMÉ STREET ADDRESS								
CITY-ST-ZIP								
TITLE NAME								

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP