## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000007053					r	ILED	İ	
1. Entity Name BUILDING RESCUE CORPORATION					06 MAR	-6 AM	8: 54	
<u>-</u> -					< ,_1	<i>i</i>	STATE	
Principal Plac 20533 BASC		Mailing Address 141 NE 3RD AVE.				71. TE, F	LORIDA	
#403		#406						
MIAMI, FL 3	3183	MIAMI, FL 33132		 	2111 BBIN BBIN BBIN BBIN 1861	1 <b>1 1 1 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BB( 1) ( <b>X3</b> )	
2. Principal Place of Business 4444 Weston Rd. #103 3. Mailing Address		3. Mailing Address						
Suite, Apt. #, etc. # 103.		Suite, Apt. #, etc.		02282006 Chg	-P CR2E03	4 (11/05)		
City & State	الله /+L	City & State	City & State			<u> </u>	plied For Applicable	
Zip	Country	Zip	Country	65-1069301  5. Certificate of Status	Desired	8.75 Add	tional	
33331	6. Name and Address of Current	Pegistered Agent	<del> </del>	7. Name and Address		ee Required	1	
	o. Name and Address of Current	Velisteren vilant	Name	Δ		Agur		
	AS, GERARDO 77TH AVENUE #408C		Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL				· · · · · · · · · · · · · · · · · · ·				
			4412	w. Whitewater 1	we.	<del>, _</del>		
	.1 1		City	leston	FL	Zip Code	332 .	
8. The above	named entity's ubmits this statement for tions of registered agent.	or the purpose of changing its r	registered office or	egistered agent, or both, in the	State of Florida. I am to	miliar with,	and accept	
are onligat	ions or registrational appare.							
SIGNATURE.	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	: Registered Agent signatur	e required when reinstating)	DATE			
					<del></del>			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	<del></del>	11.		S TO OFFICERS AND			
TITLE NAME	PD CARDENAS, GERARDO A	☐ Delete	TITLE	PD Cardenas Gerardo	Δ.		Addilion	
STREET ADDRESS	19560 N.W. 55TH CIRCLE PLAC	CE	STREET ADORESS	lardenas, Gerardo 4412 W. Whiteu	oder Ave			
CITY-ST-ZIP	MIAMI, FL 33055		CITY-SI-ZIP	Weston - FL- ?	33 <u>3</u> 32			
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CITY-ST-ZIP			CITY-ST-ZIP		01017002	<u>**33</u>	<u> </u>	
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CITY-ST-ZIP			City-St-zip	(N) ( 5 P)				
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CITY-ST-ZIP				<del></del>		☐ Change	Addition	
CITY-ST-ZIP		☐ Delete	TITLE					
		☐ Delete	TITLE NAME			C) orango	C) Addiction	
TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET ADORESS				[] Kookou	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with		NAME STREET ADORESS CITY-ST-ZIP	untained in Chanter 110 Elocido	Statutes Unither and			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wit on this report or supplemental report provation or the receiver or truese and		NAME STREET ADORESS CITY-ST-ZIP	entained in Chapter 119, Florida tive the same legal effects and the	Statutes. I further certified under calls at my agree species.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wit d on this report or supplemental report reporation or the receiver or trustee em d, or on an attachment with an apparers		NAME STREET ADORESS CITY-ST-ZIP	entained in Chapter 119, Florida tive the same legal effect as if ma oter 607, Florida Statutes; and th	Statutes. I further certi ade under oath; that I a at my name appears in			
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby indicates of the co-changed	ain		NAME STREET ADORESS CITY-ST-ZIP	entained in Chapter 119, Florida tive the same legal effect as if me oter 607, Florida Statutes; and th	/	fy that the ir m an officer Block 10 or	nformation or director Block 11 il	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TURE:		NAME STREET ADDRESS CITY-ST-ZIP or the exemptions cony signature shall had as required by Cha	entained in Chapter 119, Florida tive the same legal effect as if me oter 607, Florida Statutes; and the OZ/Zô	/		nformation or director Block 11 il	