2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2006 8:00 am Secretary of State DOCUMENT # P01000046130 1. Entity Name 02-15-2006 90050 009 ***150.00 R. MEUNIER & SON CONTRACTING, INC. Principal Place of Business Mailing Address 9 FERN DRIVE PO BOX 11337 HOLLYWOOD FL 33021 FORT LAUDERDALE FL 33339 Pelica<u>n</u> rincipal Place of Business 3. Mailing Address 4980 SW Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) BVIE City & State 4. FEI Number Applied For 65-1126170 Not Applicable MINITE, FI. Country Country \$8.75 Additional 5. Certificate of Status Desired Se owale 333 KY BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MELINIER MEUNIER, JEAN Street Address (P.O. Box Number is Not Acceptable) 9 FERN DRIVE HOLLYWOOD FL 33021 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Detete TITLE ■ Addition MEUNIER, JEAN 3631 W. State Rd. 84 4101 MEUNIER, JEAN NAME STREET ADDRESS 9 FERN DRIVE STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP DAVIE F1 33312 TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Detete Change ■ Addition JULE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED