

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90015 038 ***150.00

DOCUMENT # P01000046289

1. Entity Name
MEN AT WORK CONSTRUCTION GROUP, INC.



Principal Place of Business
~~154 PORTOFINO DR~~ 242 PORTOFINO DR
VENETIAN GOLF & RIVER
N VENICE, FL 34275

Mailing Address
~~154 PORTOFINO DR~~ 242 PORTOFINO DR
VENETIAN GOLF & RIVER
N VENICE, FL 34275

40043000



2. Principal Place of Business - No P.O. Box
242 PORTOFINO DR

3. Mailing Address
Same

Suite, Apt. #, etc.
VENETIAN GOLF & RIVER CLUB

Suite, Apt. #, etc.

City & State
N. VENICE FL.

City & State

Zip
34275

Country
USA

Zip

Country

03262007 Chg-P CR2E034 (12/06)

4. FEI Number
65-1098194

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KABINOFF, LARRY S
~~154 PORTOFINO DR~~ 242 PORTOFINO DR
VENETIAN GOLF & RIVER
N VENICE, FL 34275

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KABINOFF, LARRY S
~~154 PORTOFINO DR~~ 242 PORTOFINO DR
N VENICE, FL 34275

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VEGA, GYL L
~~154 PORTOFINO DR~~ 242 PORTOFINO DR
N VENICE, FL 34275

☐ Delete

TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GYL L Vega

3/26/07

Date

Daytime Phone #

941-268-3156