

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000064862

1. Entity Name  
DP BUILDING CONTRACTORS, INC.



Principal Place of Business  
169 NW 44TH STREET, SUITE 34  
FORT LAUDERDALE, FL 33309

Mailing Address  
169 NW 44TH STREET  
#34  
FORT LAUDERDALE, FL 33309

FILED  
07 AUG 22 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08032007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-1120505

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEDRAZA, DAVID  
169 NW 44TH STREET, SUITE 34  
FORT LAUDERDALE, FL 33309

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME PEDRAZA, DAVID ☐ Delete  
STREET ADDRESS 169 NW 44TH STREET, SUITE 34  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE ☐ Change ☐ Addition  
NAME 000109207750  
STREET ADDRESS 09/07/07--01033--014 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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

Date

Daytime Phone #

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# **DP BUILDING CONTRACTORS INC.**

July 18, 2007

Division of Corporations  
PO Box 8800  
Tallahassee, FL 32314

To Whom It May Concern:

I just received your notification that my corporations are about to be dissolved. I had been under the mistaken impression that this had been taken care of back in February of this year. I was told by my former employee that this had been paid. When I received your notice, I went to look through her desk and found stacks of papers that were hidden and left by her.

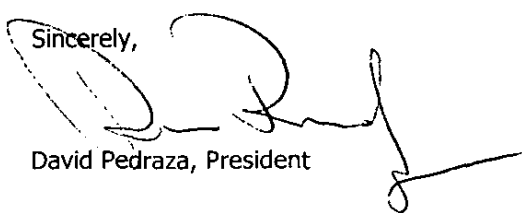
I am terribly sorry for the oversight but \$400 is a steep fine for such a problem. Please accept these payments and my assurance that this will never happen again.

My corporations are as follows:

|                             |              |
|-----------------------------|--------------|
| ADA Compliance Team Inc     | P99000096739 |
| DP Building Contractors Inc | P10000064862 |

Thank you for your consideration in this matter.

Sincerely,

  
David Pedraza, President