

SIGNATURE: 💆

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 11, 2004 8:00 am **Secretary of State** DOCUMENT:# P01000067917 03-11-2004 90011 033 ***150.00 1. Entity Name FERREIRA CONSTRUCTION, INC. Principal Place of Business Mailing Address 431 S.W. 74TH AVENUE 431 S.W. 74TH AVENUE 54016966 NORTH LAUDERDALE, FL 33068 NORTH LAUDERDALE, FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 65-1119413 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ¹ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERREIRA, ARMENIO C Street Address (P.O. Box Number is Not Acceptable) **5041 NE 7TH TERRACE** POMPANO BEACH, FL 33064 City Zip Code FI 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition FERREIRA, ARMENIO C NAME NAME STREET ADDRESS 431 S.W. 74TH AVENUE STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition FERREIRA, ANA MARIA NAME NAME STREET ADDRESS **431 S.W. 74TH AVENUE** STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 CITY-ST-ZIP Delete TITLE TIT: F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Date

Daytime Phone #

FILED