2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000036287

Entity Name

JOSDAN CONSTRUCTION INC.

Principal Place of Business

171 NW 97 AVEENUE

UNIT 201 MIAMI, FL 33172 Mailing Address

171 NW 97 AVEENUE UNIT 201

MIAMI, FL 33172

FILED May 28, 2004 08:00 AM Secretary of State



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03202003 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3641505 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTRO, JUAN J 171 NW 97 AVEENUE UNIT 201 MIAMI, FL 33172

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	named entity submits this statement for the ions of registered agent.	purpose of changing its registered offi	ice or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	le if applicable (NOTE, Registered Agent	sepnoture	required when reinstating)	' DATE
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-2IP	PD CASTRO, JUAN J 171 NW 97 AVENUE #201 MIAMI, FL 33172				U00000161768 05/28/04-80003-021 150.00
SITLE NAME STREET ADDRESS CRY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN .	THIS SPACE
TURLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CUTY-ST-ZIP					

12. It 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Date

Daytime Phone #