

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046727

FILED
Jan 21, 2005
Secretary of State

Entity Name: E.A.S. CONSTRUCTION SPECIALTIES, INC.

Current Principal Place of Business:

3460 WEST 84TH STREET
HIALEAH, FL 33018

New Principal Place of Business:

3468 WEST 84TH STREET
HIALEAH, FL 33018

Current Mailing Address:

6695 NW 75TH PLACE
PARKLAND, FL 33067

New Mailing Address:

FEI Number: 04-3653844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYALE MANAGEMENT SERVICES, INC.
2319 N ANDREWS AVENUE
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PINZON, HECTOR
Address: 6695 NW 75TH PLACE
City-St-Zip: PARKLAND, FL 33067

Title: SD () Delete
Name: PINZON, GRACIELA
Address: 6695 NW 75TH PLACE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE PINZON

MRS

01/21/2005

Electronic Signature of Signing Officer or Director

_____ Date