

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90005 043 ***150.00

DOCUMENT # P02000066460	
1. Entity Name	
American Pride Construction Services Inc	

DO NOT WRITE IN THIS SPACE

40025358

2. Principal Place of Business 8601 5 th Street		3. Mailing Address 8601 5 th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, Fl		City & State Orlando	
Zip 32836	Country	Zip 32836	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0605255		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name WASEEM, FAISAL	
Street Address (P.O. Box Number is Not Acceptable) 8601 5 th street	
City Orlando	Zip Code 32836

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WASEEM, FAISAL 8601 5 th street Orlando Fl 32836	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 #

02/20/07 321-329-3744