

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90048 005 ***150.00

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| DOCUMENT # P02000071883 1. Entity Name BEST MASONRY OF SOUTH FLORIDA, INC. | | | |
| Principal Place of Business 3300 S CONGRESS AVE, STE 17 SUITE #17 BOYNTON BCH, FL 33426 | | Mailing Address 3300 S CONGRESS AVE, STE 17 SUITE #17 BOYNTON BCH, FL 33426 | |
| 2. Principal Place of Business 1779 N Congress Ave. Suite, Apt. #, etc. # 309 City & State Boynton Bch, FL Zip 33426 Country Palm Beach | | 3. Mailing Address 1779 N Congress Ave. Suite, Apt. #, etc. # 309 City & State Boynton Beach, FL Zip 33426 Country Palm Beach | |
| 4. FEI Number 03-0470584 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST, 4 FLR MIAMI, FL 33145 | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS ZOFAY, FRANCES 3300 S CONGRESS AVE, STE 17 BOYNTON BCH, FL 33426 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Frances Zofay</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 1-13-05 Daytime Phone # 904-436-0714 | |