

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90238 044 ***150.00

DOCUMENT # P02000078269

1. Entity Name
ERM CONSTRUCTION CORP.



Principal Place of Business
2973 WEST STATE ROAD 434 SUITE 400
LONGWOOD, FL 32779

Mailing Address
2973 WEST STATE ROAD 434 SUITE 400
LONGWOOD, FL 32779

60000331



2. Principal Place of Business - No P.O. Box #
405 W. CENTRAL HWY
Suite, Apt. #, etc.
1000

3. Mailing Address
405 W. CENTRAL HWY
Suite, Apt. #, etc.
1000

City & State
AUGAMONTE SPRINGS, FL

City & State
AUGAMONTE SPRINGS FL

Zip
32714

Country
SEMINOLE

Zip
32714

Country
SEMINOLE

01042007 Chg-P CR2E034 (12/06)

4. FEI Number
04-3703099

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELAMED, ELI
2973 WEST STATE ROAD 434 SUITE 400
LONGWOOD, FL 32779

405 W. CENTRAL HWY
AUGAMONTE SPRINGS FL 32714

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 *Eli Melamed* ELI MELAMED - Pres. 11/107

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	MELAMED, ELI	2973 WEST STATE ROAD 434 SUITE 400	LONGWOOD, FL 32779	<input type="checkbox"/>
D	MELAMED, UDI	2973 N. SR 434 STE 400	LONGWOOD, FL 32779	<input type="checkbox"/>
S	MELAMED, RITA	2973 W. SR 434 STE 400	LONGWOOD, FL 32779	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Eli Melamed* ELI MELAMED - Pres. 11/107 865-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #