2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000104913

1. Entity Name

LA JÓLLA CONSTRUCTION, INC.



FILED Feb 14, 2005 8:00 am Secretary of State

02-14-2005 90074 008 ***150.00

Principal Place of Business Mailing Address 50012777 141-NORTHEAST 3RD AVE STE 701 141 NORTHEAST 3RD AVE-STE 701 MIAML FL 33132 MIAML FL 33132 -01142005 CR2E034 (10/03) Applied For 4. FEI Number 11-3660926 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SKLAR, NEAL I ESQ Street Address (P.O. Box Number is Not Acceptable) ONE SE 3RD AVE STE 3050 MIAMI, FL 33131 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ΠP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME SKLAR, OSCAR 141 NORTHEAST SRD AVE OTE 701 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 39132 ☐ Change ■ Addition DS TITLE TITLE SKLAR, ANA WARROO BLOOK NAME NAME STREET ADDRESS STREET ADDRESS 144 NORTHEAST 3RD AV CITY-ST-ZIP MIAMI, FL 33132 CITY-ST-ZIP ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 trustpers tookered 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 accurate and that my name appears in Block 10 or Block 11 if SIGNATURE: G OFFICER OR DIRECTOR DINATURE AND TYPED OR PRINTED NAI