

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90111 032 ***163.75

DOCUMENT # P02000110089

1. Entity Name
GLOBAL & GENERAL CONSTRUCTION, INC.



Principal Place of Business
11633 NW 7 AVE STE 105
MIAMI, FL 33168

Mailing Address
11633 NW 7 AVE STE 105
MIAMI, FL 33168

14016616



2. Principal Place of Business
SAME
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

03232005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
38-3677164

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

PETER, J C
1305 NW 203 STR
MIAMI, FL 33169

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

J.C. Peter, RA - J.C. PETER, RA

(NOTE: Registered Agent signature required when reinstating)

04-25-05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> Delete
NAME	JEAN, MICHEL	
STREET ADDRESS	11633 NW 7 AVE STE 103	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANTOINE, YOLETTE	
STREET ADDRESS	3537 SW 175 AVE.	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	MD	<input type="checkbox"/> Delete
NAME	MILFORT, MIMONDE	
STREET ADDRESS	11633 NW 7 AVE STE 103	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MONCOEUR, JOHNSON	
STREET ADDRESS	11633 NW 7 AVE STE 103	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORISMA, DANIEL	
STREET ADDRESS	11633 NW 7 AVE STE 103	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CLERMY, LEFRANC	
STREET ADDRESS	11633 NW 7 AVE STE 103	
CITY-ST-ZIP	MIAMI, FL 33168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	JIMMY SAINTSURI	
STREET ADDRESS	3537 SW 175 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	MD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	JAMES SAINTSURI	
STREET ADDRESS	3537 SW 175 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	CLERMY, LEFRANC	
STREET ADDRESS	11099 NW 10 AVE	
CITY-ST-ZIP	MIAMI, FL 33168	

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:

Antoine Y. Yolette SD-Yolette Antoine 4/25/05 (301) 6850812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone