


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 02, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--|---------|---|--|--|
| DOCUMENT # P02000418396 1. Entity Name ARIAS BUSTAMANTE CONSTRUCTION, CORP. | | | |  | |
| Principal Place of Business 5820 EAGLE CAY TERRACE COCONUT CREEK FL 33073 US | | | Mailing Address 5820 EAGLE CAY TERRACE COCONUT CREEK FL 33073 US | | |
| 2. Principal Place of Business Suite, Apt #, etc. | | | 3. Mailing Address Suite, Apt #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 93-3707253 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 2nd MOORE CR2E034 (5/05) | |
| 6. Name and Address of Current Registered Agent ARIAS, EDGAR P 5820 EAGLE CAY TERRACE COCONUT CREEK FL 33073 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State | | | S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> | | |
| 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 | | | 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. | | |
| TITLE P <input type="checkbox"/> Delete NAME BUSTAMANTE, RAUL STREET ADDRESS 4245 NW 56 DRIVE CITY-ST-ZIP COCONUT CREEK FL 33073 | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME U00000377854 STREET ADDRESS 09/07/05-80017-013 CITY-ST-ZIP 150.00 | | |
| TITLE VP <input type="checkbox"/> Delete NAME ARIAS, EDGAR P STREET ADDRESS 5820 EAGLE CAY TERRACE CITY-ST-ZIP COCONUT CREEK FL 33073 | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE TREA <input type="checkbox"/> Delete NAME TACO, JACQUELINE STREET ADDRESS 5820 EAGLE CAY TERRACE CITY-ST-ZIP COCONUT CREEK FL 33073 | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE SEC <input type="checkbox"/> Delete NAME ARIAS, CAROLINA STREET ADDRESS 5820 EAGLE CAY TERRACE CITY-ST-ZIP COCONUT CREEK FL 33073 | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #