


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90238 032 ***150.00

DOCUMENT # P03000031915

1. Entity Name
BRYAN BLOCK CONSTRUCTION, INC



50020793



02222005 Chg-P CR2E034 (10/03)

Principal Place of Business 234 E. 16TH STREET HIALEAH, FL 33010		Mailing Address 234 E. 16TH STREET HIALEAH, FL 33010	
2. Principal Place of Business <i>14790 SW 151 Terrace</i>		3. Mailing Address <i>14790 S.W. 151 Terrace</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami</i>		City & State <i>Miami</i>	
Zip <i>33196</i>	Country <i>Dade</i>	Zip <i>33196</i>	Country <i>Dade</i>

4. FEI Number
26-0062552

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent ALVAREZ, ROGER 234 E 16TH ST. HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>14790 S.W. 151 Terrace</i> City <i>Miami</i> FL Zip Code <i>33196</i>	
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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)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, ROGER 234 E 16TH ST HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <i>14790 S.W. 151 Terrace</i> <i>Miami, FL 33196</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *[Signature]* **Alvarez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2/28/05* (786) 255-8806
Date Day/Time Phone #