2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P03000032159** 04-28-2004 90225 016 ***150.00 1. Entity Name AMERICAN CONSTRUCTION INCORPORATED Principal Place of Business Mailing Address 7061 WEST COMMERCIAL BLVD 7061 WEST COMMERCIAL BLVD 5-C 5-C FORT LAUDERDALE, FL 33319 FORT LAUDERDALE, FL 33319 2. Principal Place of Business 3. Mailing Address 1387 S. Andra Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 CR2E034 (10/03) City & State 4. FEI Number Applied For City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent incent DECAROLIS, VINCENT J JR 7061 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33319 Zin Code 33069 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete ☐ Change TITLE TITLE DECAROLIS, VINCENT J JR. NAME NAME 7061 WEST COMMERCIAL BLVD 5-C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33319 CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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 attachmen **SIGNATURE** TED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

FILED