2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90194 017 ***150.00

DOCUMENT # P03000032590 1. Entity Name PEKOZ CONSTRUCTION INC.							90194 017 ***15	0.00
Principal Place of Business Mailing Address					40066	810		
3337 DUPRE ST PORT CHARLOTTE, FL 33980 US		3337 DUPRE ST B-114 Port Charlotte, FL 33980 US			40000	, -		
				US	 		I Paide irie waek diile ibisi ba	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03182006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Numbe 03-0511		 - - 	plied For t Applicable	
Zìp	Country	Zip	Country		5. Certificate of	of Status Desired	S8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	=
KOVARIK, PETR 3337 DUPRE ST PORT CHARLOTTE; FL 33980			Name					
			Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip Cod	9
8. The above the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its r	registere	l ed office or register	ed agent, or both	h, in the State of Flo	·	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title departments. (NOVE	Benetan	d Agent signature required			DATE	
	algebraiche, typed de parted realie de regissered agent	IN THE REPORT OF THE PERSON OF	registeret	u Agent signature recover	(Wilder (Benstalle V)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaig Trust Fund Contri		ncing \$5 Add	.00 May Be ed to Fees			
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	CERS AND DIRECTOR	S IN 11
TITLE NAME	P KOVARIK, PETR	☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980							
TITLE			-	-ST-ZIP				
NAME		☐ Delete	CITY- TITLE NAME	VO 72	ENKA	ROZSYP	ALKOVA Change	Addition
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	VO 72	ENKA 37 P	ROZSYP UPRE S	ALKOVA Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		-	TITLE NAME STREE CITY-	E VP ZZ E ET ADDRESS 33 -ST-ZIP PO	ENKA 137 PI KT CHA	ROZSYP UPRE S FRLOTTE	ALKOVA Change	80
NAME STREET ADDRESS		□ Delete	TITLE NAME STREE	E V P Z Z E ET ADDRESS 33 -ST-ZIP P P O	PENKA 137 PI KT CHA	ROZSYP UPRE S TRLOTTE	ALKOVA Change T. FL 339	Addition
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of the corporation of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-743-9208 Dayume Phone #