07-06-2004 90119 009 ***150.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 18 AM 11:14

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000041345

1. Entity Name
P.M. BUILDERS OF S. FLORIDA, INC.

Principal Place of Business	Mailing Address
4620 NE 5TH AVENUE FT. LAUDERDALE, FL 33334	4620 NE 5TH AVENUE FT. LAUDERDALE, FL 33334

07012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
690 NE 13TH ST		690 NE 13TH ST	
Suite, Apt. #, etc. #105		Suite, Apt. #, etc. 105	
City & State FORT LAUDERDALE		City & State FORT LAUDERDALE	
Zip 33304	Country BROWARD	Zip 33304	Country BROWARD

4. FEI Number 004320147 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCLURE, SCOTT 4620 NE 5TH AVENUE FT. LAUDERDALE, FL 33334	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: [signature] 8-4-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Scott McClure 4620 NE 5TH AVE FT LAUDERDALE FL 33334 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Scott McClure 690 NE 13TH STREET 105 (TITLE) PRESIDENT FT LAUDERDALE 33304
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 6-29-04 954 763-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #