2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000042609

1. Entity Name

AMERICA'S CONTRACTOR, INC.



Principal Place of Business

Mailing Address

3006 AVIATION AVENUE

3006 AVIATION AVENUE

MIAMI, FL 33133

MIAMI, FL 33133

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03242008 N	lo Chg-P	CR2E034 (11/05)				
4. FEI Number			Applied For			
90-006872	8		Not Applicabl	(
5. Certificate of Sta	atus Desired		\$8.75 Additional Fee Required			

Daytime Phone #

FILED

Apr 07, 2008 08:00 Al Secretary of State

6. Name and Address of Current Registered Agent

PANTIN, MARIA 3006 AVIATION AVENUE

MIAMI, FL 33133

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligations of registered agent								
SIGNATURE Signature, typed or oranted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000882466 04/16/08-80042-015 150.00			
10.	OFFICERS AND DIREC	TORS	I					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULTON, STANLEY M 3006 AVIATION AVE SUITE 3-A MIAMI, FL 33133							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.								

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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