FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

Mar 17, 2004 8:00 am **Secretary of State DOCUMENT #** P 03000047873 1. Entity Name 03-17-2004 90033 041 ***150.00 FINE CONTRACTORS, INC. 34000006 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2030 SW 71 Terrace 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #: etc. DO NOT WRITE IN THIS SPACE Suite D-8 City & State City & State Applied For 20-0008829 Davie, Florida Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33317 Fee Required 7. Name and Address of Current Registered Agent Fernando Olivo **DO NOT WRITE** Street Address (P.O. Box Number is Not Acceptable) 14298 NW 18th Manor IN THIS SPACE Zip Code Pembroke Pines 33028 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE P/D TITLE CR2E034B (12/01) NAME NAME Fernando A. Olivo STREET ADDRESS STREET ADDRESS 14298 NW 18th Manor CITY-ST-ZIP CITY-ST-ZIP Pembroke Pines, Fl. 33028 TITLE T/D TITLE NAME NAME Carlos Diaz STREET ADDRESS STREET ADDRESS 14294 NW 18 Manor CITY-ST-ZIP CITY-ST-ZIP Pembroke Pines, Fl. 33028 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7/P TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. 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 11 or on an

mame of signing officer or director dent

FILED

Daytime Phone #