


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90111 022 \*\*\*150.00

**DOCUMENT # P03000047873**


1. Entity Name  
**FINE CONTRACTORS, INC.**



Principal Place of Business 2030 S.W. 71ST TERR., STE. D-8 DAVIE, FL 33317	Mailing Address 2030 S.W. 71ST TERR., STE. D-8 DAVIE, FL 33317
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**DO NOT WRITE IN THIS SPACE**

40043294



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0008829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OLIVO, FERNANDO**  
**14298 NW 18TH MANOR**  
**PEMBROKE PINES, FL 33028**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVO, FERNANDO 14298 NW 18TH MANOR PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, CARLOS 14294 NW 18 MANOR PEMBROKE PINES, FL 33028
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE:  **03-26-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #