## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # P0300063949  1. Entity Name PADUA CONSTRUCTION, INC.				04-28-2004 90174 048 ***150.00
Principal Place of Business Mailing Address			····	Parana a
1114 WHITEWOOD AVE. DELTONA, FL 32725		1114 WHITEWOOD AVE. DELTONA, FL 32725		94069201
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt, #, etc.		02272004 Chg-P CR2E034 (10/03)
City & State		City & State		4. FE! Number Applied For Not Applicable Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Nema	7. Name and Address of New Registered Agent
PADUA, JUAN 1114 WHITEWOOD AVE. DELTONA, FL 32725			Name Street Addre	ss (P.C. 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 Rorida. Fam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typood or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PADUA, JUAN 1114 WHITEWOOD AVE. DELTONA, FL 32725	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, Change Addition
TITLE NAME STREET ADDRESS CHY-SI-ZIP	V ARGUELLES, JOSE 1308 HARTLEY AVE. DELTONA, FL 32725	🙇 Delete	TITLE NAME STREET ADDRESS CHY-S1-ZIP	☐ Change ☐ Addilion
NAME STREET ADDRESS CITY-ST-ZIP	ST RAMIREZ, ARIEL 1105 ALGMA ST. DELTONA, FL 32725	□ Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Changa ☐ Addston
TITUE NAME STREET ADDRESS GILY-SI-ZIP		☐ Delete	STREET ADDRESS 2	☐ Change Addition ector Canales 25 Bentwood Ct. rānge∂Cify, FL 32763
TIFLE NAME STREET ADDRESS CITY-ST-ZIF	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
DITLE NAME STREET ADDRESS CITY-ST-ZIP	entitle that the information complied with	☐ Delete	IFILE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If 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 an other like empowered.

7 cm SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-23-04