## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED Apr 25, 2005 08:00 AM Secretary of State

DOCUMENT # P03000100380  1. Entity Name FLORIDA PALMETTO CONSTRUCTION, INC.				Secretary of State
Principal Place 9506 S RED MIAMI, FL 3		Mailing Address 9506 S RED ROAD MIAMI, FL 33156		
E	OO NOT WRITE	IN THIS SPA	ACE	04192005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For
	The control of the co		girogo sasasa maringa siya	20-0235581 Not Applicable  5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Current R	egietated & cont		Fee Required
OESTERLE, DOUGLAS W 9506 S RED ROAD MIAMI, FL 33156				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  Signature, typod or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both agent agen				
10.	OFFICERS AND D	RECTORS		
TITLE NAME STREET ADDRESS CATY-ST-ZIP	D MAZZARA, PAT 9506 S RED ROAD MIAMI, FL 33156	_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ერერიო329379 ე4/25/05-80116-001 150.00
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 examption 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 and address with all other like empowered.				