2004 FOR PROFIT CORPORATION

Apr 08, 2004 8:00 am Secretary of State **ANNUAL REPORT**

FILED

04-08-2004 90002 024 ***150.00 **DOCUMENT # P03000153401** RICH CONSTRUCTION GROUP, INCORPORATED Principal Place of Business Mailing Address 18041 S.W. 89 COURT 18041 S.W. 89 COURT 24036927 PALMETTO BAY, FL 33157 PALMETTO BAY, FL 33157 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03312004 Chg-P City & State City & State 4. FEI Number Applied For 20-0643 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBINSON, RAYMOND L Street Address (P.O. Box Number is Not Acceptable) ROBINSON & ASSOCIATES, P.A. 1501 VENERA AVE., SUITE 300 CORAL GABLES, FL 33146 ·111 Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!!- FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TITLE Change Addition RICH, LARS H NAME 18041 S.W. 89 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO BAY, FL 33157 ☐ Delete TITLE ☐ Addition TITE Change NAME RICH, TERESA K NAME STREET ADDRESS 18041 S.W. 89 COURT STREET ADDRESS PALMETTO BAY, FL 33157 CITY-ST-7IP CITY - ST - ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THUE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 cath; 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:

OF SIGNING OFFICER OR DIRECTOR