## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 06, 2005 8:00 am Secretary of State **DOCUMENT # P04000035745** 05-06-2005 90091 038 \*\*\*150.00 R. L. PRAWDZIK CONSTRUCTION INC Principal Place of Business Mailing Address 1340 NORTHEAST 28TH AVENUE 1340 NORTHEAST 28TH AVENUE SUITE 141 SUITE 141 50049813 POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business 3. Mailing Address 1340 N.E. 28 TH AUS 28 TH AUG 340 N.G. Suite, Apt. #, etc. 05012005 Chg-P CR2E034 (10/03) รบทซ SULTO 4. FEI Number Applied For City & State & State Booker BMDAND BOACH. 20,1213095 Not Applicable \$8.75 Additional 5. Certificate of Status Desired RANUARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT, PRAWDZIK LEE Street Address (P.O. Box Number is Not Acceptable) 1340 NORTHEAST 20 AVE **UNIT 141** POMPANO, FL 33062 City 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 Florida. I am familiar with, and accept the obligations of regi-SIGNATURE\_ . I'm egion un egent a ru title if applicanic. (NO E: riegistated Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change ☐ Addition ROBERT, PRAWDZIK LEE NAME NAME STREET ADDRESS 1340 NE 28 AVENUE, SUITE 141 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP **TITLE** ☐ Delete Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete FITLE ☐ Addition ☐ Change NAME 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete ITTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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 oath; that I am an officer or director of the corporation or the receiver or trustees impowered to execute this report as required by Chapter 607 Provide Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an a 5-3-05 SIGNATURE: SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFF Dale

FILED