


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000064649</b> 1. Entity Name <b>THE DUCT CONNECTION, INC.</b>			
Principal Place of Business <b>4124 SW 22ND STREET FT. LAUDERDALE FL 33317</b>		Mailing Address <b>16161 SW 143RD STREET MIAMI FL 33196</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
Country		Country	
4. FEI Number <b>20-1023099</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRYAN, JAMES 16161 SW 143 STREET MIAMI FL 33196</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BRYAN, JAMES 16161 SW 143 STREET MIAMI FL 33196	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T SEQUENZIA, SEBASTIAN S 4124 SW 22 STREET FT. LAUDERDALE FL 33317	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP YOUNG, FELIX X 420 NW 15 AVE FORT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BOYNTON, GEORGE JR 2300 DOUGLASS ST HOLLYWOOD FL 33020	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E034 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-  
03-21-07 581-8627