2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 8:00 am Secretary of State

| DOCUMENT # P.0400083117 1. Entity Name CEDARBRANCH CONSTRUCTION, INC. | | | | | | | 03-28-2005 9 | 0076 02 | 26 ***150 | .00 |
|--|---|---|---|---------------|--|-----------------------|------------------------------------|----------------|------------------|---------------|
| Principal Place of Business 4500 TAYLOR ST HOLLYWOOD, FL 33021-6628 | | 4500 | Mailing Address 4500 TAYLOR ST HOLLYWOOD, FL 33021-6628 | | | | - 1440 (1411 1411 1411 1411 1411 1 | | 03127 | 5 |
| 2. Principal Pl | lace of Business | 3. Mailir | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | Suite | Suite, Apt. #, etc. | | | 02112005 | Chg-P | CR2E0 | 34 (10/03) | |
| City & State | e | City 8 | 3 State | | 4. FEI Numb | 180570 | | Not | Applicable | |
| Zip | Country | Zip | | | ry | | of Status Desired | | \$8.75 Addit | |
| 6: Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent Name | | | | | |
| BOUSEMAAN, JOSEPH 4500 TAYLOR ST | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| HOLLYWO | OOD, FL 33021-6628 | • | | | | | | | • | |
| | | | | Ì | City | | | FL | Zip Code | |
| | named entity submits this state ions of registered agent. | ment for the purpo | se of changing its r | registere | d office or regist | tered agent, or bo | th, in the State of Flor | da. I am | familiar with, a | and accept |
| SIGNATURE_ | "Signature, typed or printed name of registe | red agent and title if appli | cable. (NOTE: | : Registered | Agent signature requi | red when reinstating) | . , | DATE | | : |
| | | | | | - 'a - | | | | | |
| | E NOW!!! FEE IS \$150. ay 1, 2005 Fee will be \$ | 00 1 | I. Election Campaig Trust Fund Contri | | | 5.00 May Be | | - - | | . • |
| 10. | OFFICE | S AND DIRECTOR | RS | 11. | | ADDITIONS | CHANGES TO OFFIC | ERS AND | DIRECTORS | IN 11 |
| NAME STREET ADDRESS CITY-ST-ZIP | PD BOUSEMAAN, JOSEPH 4500 TAYLOR ST HOLLYWOOD, FL 33021 | 6628 | Defete | | ı | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS | | | ☐ Defete | | ET ADDRESS | | | | ☐ Change | Addition |
| CITY-ST-ZIP | | | ☐ Delete | TITLE | -ST-ZIP | | | | ☐ Change | ☐ Addition |
| - NAME STREET ADDRESS | <u> </u> | | | NAME STREE | ET ADDRESS | | | | | , |
| CITY+ST-ZIP | | | | | ST-ZIP | | | | | |
| TITLE NAME | | | ☐ Delete | TITLE | 1 | | | | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | | | | STREE | ET ADDRESS ST-ZIP | | | • | | |
| TITLE | | | ☐ Delete | TITLE | | | | | ☐ Change | Addition |
| name Street address | | | | name Stree | et address | | ι. | | · : . | |
| CITY-ST-ZIP | | . | | | ST-ZIP | | | - | - | |
| TITLE NAME | | · · | Delete | TITLE | | | • | | Change | ☐ Addition |
| STREET ADDRESS | _ | . 4 | | STREE | ET ADDRESS | | | . , | | |
| CITY+ST-ZIP | | | · | | -ST-ZIP | | | | | |
| indicated of the cor | certify that the information supp i on this report or supplemental rporation or the receiver or trust , or on an atlacpment with an ac | report is true and a ee empowered to e | accurate and that mexecute this report a | ıy signat | ure shall have th | e same legal effe | ct as if made under o | ath; that i | am an officer (| or director |