


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000088010 <small>1. Entity Name</small> JOHN CHIAVERINI CONSTRUCTION INC.	
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<small>Principal Place of Business</small> 11355 63RD LANE N WEST PALM BEACH, FL 33412	<small>Mailing Address</small> 11355 63RD LANE N WEST PALM BEACH, FL 33412
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

<small>4. FEI Number</small> 20-1207326	<small>Applied For</small> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIAVERINI, JOHN
11355 63RD LANE N
WEST PALM BEACH, FL 33412

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	<small>9. Election Campaign Financing</small> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000386428 01/18/06-80059-017 150.00
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10. OFFICERS AND DIRECTORS

<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P CHIAVERINI, JOHN 11355 63RD LANE N WEST PALM BEACH, FL 33412
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Chiaverini John Chiaverini 1/9/06 561-7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 5304