



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90239 040 ***150.00

DOCUMENT # P04000090439 1. Entity Name PROMETHIAN CONSTRUCTION, INC.					
Principal Place of Business 800 W CYPRESS CRK RD STE 465 FORT LAUDERDALE, FL 33309 US			Mailing Address 800 W CYPRESS CRK RD STE 465 FORT LAUDERDALE, FL 33309 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		05012008 Chg-P CR2E034 (12/06)	
4. FEI Number 27-0094145				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGAL, LARRY P 800 W CYPRESS CRK RD FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name LEGAL, LARRY P. Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK RD., SUITE 465 City State Zip Code FORT LAUDERDALE FL 33309		
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: <u><i>Larry Legel</i></u> DATE: <u>5.1.8</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	D LEGAL, LARRY P 800 W CYPRESS CRK RD STE 470 FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Larry Legel</i></u> LARRY LEGEL DIR 5.1.8 954 4938900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					