2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103235

Title:

Name:

Address:

City-St-Zip:

VPRE

LOPEZ, CESAR

118 S ATLAS DRIVE

APOPKA, FL 32703

() Delete

FILED Sep 01, 2005 Secretary of State

Entity Name: TREJOS CONSTRUCTION, INC. Current Principal Place of Business: 118 S. ATLAS DRIVE APOPKA, FL 32703 Current Mailing Address: 118 S. ATLAS DRIVE APOPKA, FL 32703 FEI Number 20-1356512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: BLANCO ROFESSIONAL SERVICES 393 E MAIN STREET APOPKA, FL 32703 US The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE: LUIS BLANCO Electronic Signature of Registered Agent In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: PRE () Delete Name: TREJO, FIDEL E Address: 118 S. ATLAS DRIVE Address: City-St-Zip: APOPKA, FL 32703 Name: ARELLANO, PEDRO ARD STREET APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 APOPKA, FL 32703	D0001/1EN1#104000100200				Secretary of State			
Current Mailing Address: New Mailing Address: Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: APOPKA, FL 32703 US Name: AGDITIONS (Change ()) Addition Name: Address: Oty-St-Zip: APOPKA, FL 32703 Title: PRE () Delete Name: Address: Address: Oty-St-Zip: APOPKA, FL 32703 Title: DIR () Delete Name: ARELIANO, PEDRO Name: ARCLIANO, PEDRO Name: Address: 118 S ATLAS DRIVE Name: Address: 118 S ATLAS DRIVE	Entity Name: TREJOS CONSTRUCTION, INC.							
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	Name: Address:	ARELLANO, PEI 118 S ATLAS D	DRO RIVE	Name: Address:	LOPEZ MAR 118 S ATLAS	TINEZ, HUGO S DRIVE		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FIDEL TREJO PRE 09/01/2005

() Change () Addition