

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90253 006 ***158.75

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1. Entity Name
I.P.Q. CONSTRUCTION, INC.



Principal Place of Business
5061 S. STATE RD. 7, UNIT 619
DAVIE, FL 33314

Mailing Address
5245 SW 90TH AVENUE
COOPER CITY, FL 33328

40000471



01032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

4700 Oakes Road

Suite, Apt. #, etc.

Bay E

City & State

DAVIE Florida

Zip

33314

Country

Broward

3. Mailing Address

5245 SW 90 Ave

Suite, Apt. #, etc.

City & State

Cooper City Florida

Zip

33328

Country

Broward

4. FEI Number
42-1637212

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIZZI, DANIEL
5245 SW 90TH AVENUE
COOPER CITY, FL 33328

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME RIZZI, DANIEL
STREET ADDRESS 5245 SW 90TH AVENUE
CITY-ST-ZIP COOPER CITY, FL 33328

TITLE VP ☐ Delete
NAME Ellen Renee Rizzi
STREET ADDRESS 5245 SW 90TH AVENUE
CITY-ST-ZIP Cooper City, FL 33328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Daniel Rizzi DANIEL RIZZI

1/3/07 954-581-1180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #