2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 8:00 am Secretary of State 02-14-2005 90041 046 ***150.00

DOCUMENT # P04000125673 1. Entity Name HI-RISE COMMERCIAL CONTRACTING, INC.						02-14-2005 9	90041 046 ***150).00
Principal Place of Business 2277 LYNX AVENUE DAVIE, FL 33325		Mailing Address 2277 LYNX AVENUE DAVIE, FL 33325				40017		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01252005	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numb 20-162			pplied For ot Applicable
Zip ,	Country	Zip	Coun	try	5. Certificate	of Status Desired	Fee Require	
58.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name SHAHIN, GEORGE S8.75 Additional Fee Required I Name and Address of New Registered Agent								
SHAHIN, C	EORGE			Ivanie	ستردستان بر			
2277 LINX AVENUE DAVIE, FL 33325				Street Address (P.O. Box Number is Not Acceptable) 2277 LYNX AVENUE				
			City			Tin Coo	•	
B. The above agreed patitive wheels this statement for the province of the statement for the statement]		N 2 N 2 N 1 T 1	FL Zip Coo	
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 a	d Agent signature required	t when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.			-		.00 May Be			
10.	OFFICERS AND D	DIRECTORS	11.		VULITIONS	CHANGES TO DEE	ICERS AND DIRECTOR	O IN 11
TITLE	P Delete mu			AUDITIONS	CHANGES TO OFF	Change	Addition	
NAME	SHAHIN, GEORGE		NAM		,		C circula	
STREET ADDRESS	2277 LYNX AVENUE		-	ET ADDRESS			-	:
CITY-ST-ZIP	DAVIE, FL 33325		CITY	-ST-ZIP				
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CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP				
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NAME STREET ADDRESS	•		NAM				•	
CITY-ST-ZIP	į.	\mathcal{M}		ET ADDRESS - ST-ZIP				
12. I hereby o	certify that the information supplied with	his filing does not qualify for			ection 119.07(3)	(i), Florida Statutes	I further certify that the i	nformation
12. I hereby certify that the information supplied with this filing does not qualify 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 of true-end 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 improved 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.								