

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136019

FILED
Jul 05, 2005
Secretary of State

Entity Name: DOG PATCH CONSTRUCTION CORP.

Current Principal Place of Business:

483 LAKE COMO DRIVE
POMONA PARK, FL 32181

New Principal Place of Business:

Current Mailing Address:

483 LAKE COMO DRIVE
POMONA PARK, FL 32181

New Mailing Address:

FEI Number: 55-0884728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, PAUL S
2134 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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: PD () Delete
Name: SFERLAZZA, SARA
Address: 483 LAKE COMO DRIVE
City-St-Zip: POMONA PARK, FL 32181

Title: VD () Delete
Name: OSBORN, RALPH
Address: 483 LAKE COMO DRIVE
City-St-Zip: POMONA PARK, FL 32181

Title: STD () Delete
Name: CASTRANOVA, JOSEPH
Address: 483 LAKE COMO DRIVE
City-St-Zip: POMONA PARK, FL 32181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SARA SFERLAZZA

PRES

07/05/2005

Electronic Signature of Signing Officer or Director

Date