


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90285 019 \*\*\*150.00

DOCUMENT # <b>PO 4000142745</b>	
1. Entity Name <b>FONAK CONSTRUCTORS INC. (AND IMPORTERS/EXPORTERS)</b>	

**DO NOT WRITE IN THIS SPACE**

**14011060**

2. Principal Place of Business <b>6656 GUNNELL CT</b> Suite, Apt. #, etc. <b>ORLANDO</b> City & State <b>FL</b> Zip <b>32809</b> Country <b>USA</b>		3. Mailing Address <b>P.O. BOX 593922</b> Suite, Apt. #, etc. <b>ORLANDO</b> City & State <b>FL</b> Zip <b>32859</b> Country <b>USA</b>		4. FEI Number <b>47-0946302</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>CLEMENT O. OFODILE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6656 GUNNELL CT</b>	
<b>ORLANDO, FL 32809</b>	
City <b>FL</b>	Zip Code <b>32809</b>

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>	
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT AND ALL</b> <b>CLEMENT O. OFODILE</b> <b>6656 GUNNELL CT</b> <b>ORLANDO, FL 32809</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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 on an attachment with an address, with another like empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034B (12/02)