## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000146044

3450 W 84 ST, # 201

HIALEAH, FL 33018 FL

Address: City-St-Zip:

Entity Name: RETREAT CONSTRUCTION CORPORATION

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3450 W 84 ST				3450 WEST 84 STREET		
# 201 HIALEAH GARDENS, FL 33018				SUITE 201 HIALEAH GARDENS, FL	. 33018	
Current Mailing Address:				New Mailing Address:		
3450 W 84 ST				3450 WEST 84 STREET		
# 201 HIALEAH GARDENS, FL 33018				SUITE 201 HIALEAH GARDENS, FL 33018		
FEI Number: 20-1836141 FEI Numbe		FEI Number Applied For ( )	FEI Nur	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
GRAVERAN, NELSON 3405 W 84TH ST - # 201 HIALEAH, FL 33018 FL				GRAVERAN, NELSON 3405 W 84TH ST - # 201 HIALEAH, FL 33018 US		
	named entity s e of Florida.	submits this statement for the p	ourpose c	of changing its registered o	ffice or registered agent, or both,	
SIGNATURE:				04/13/2009		
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PST () GRAVERAN, NE 3450 W 84 ST, HIALEAH, FL 3	# 201		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () GRAVERAN, IS 3450 W 84 ST, HIALEAH, FL 3	# 201		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name:	VP () GRAVERAN, JE	Delete ANNIE		Title: ( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: NELSON GRAVERAN PST 04/13/2009