

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90038 001 ***150.00

DOCUMENT # P05000021547

1. Entity Name
BUILDTec DEVELOPMENT CORP.



Principal Place of Business
100 KINGSPONT DRIVE
SUITE 1701
NORTH MIAMI BEACH, FL 33160

Mailing Address
100 KINGSPONT DRIVE
SUITE 1701
NORTH MIAMI BEACH, FL 33160

60007700



2. Principal Place of Business
1200 NW 78th Ave.

3. Mailing Address

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.

01232006 Chg-P CR2E034 (11/05)

City & State
Doral, FL

City & State

4. FEI Number
20-2341893

Applied For
Not Applicable

Zip
33126

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, ADOLFO
100 KINGSPONT DRIVE
SUITE 1701
NORTH MIAMI BEACH, FL 33160

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PEREZ, ADOLFO
STREET ADDRESS 100 KINGSPONT DRIVE, SUITE 1701
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 ☐ Delete

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

TITLE VD
NAME CONDRA, LANCE F
STREET ADDRESS 13395 SW 200TH STREET
CITY-ST-ZIP MIAMI, FL 33177 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adolfo Perez

1/25/06 (305) 593-0345

Date

Telephone #