


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000071012	
1. Entity Name BUILDERS PLUS MANAGEMENT, INC.	

Principal Place of Business 12450 S.W. 188TH STREET MIAMI, FL 33177	Mailing Address 12450 S.W. 188TH STREET MIAMI, FL 33177
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2835033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACQUELINE A. SALCINES, PA
7711 S.W. 62ND AVENUE
SUITE 201
SOUTH MIAMI, FL FL

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUEDES, JORGE L 12450 S.W. 188 STREET MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUEDES, JORGE L 12450 S.W. 188TH STREET MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUEDES, JORGE L 12450 S.W. 188TH STREET MIAMI, FL 33177
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IN THIS SPACE**

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01/24/08-80023-002 150.00

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: Jorge L. Guedes By R.C. 1/15/08 (305) 267-1092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #