


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90063 043 ***150.00

DOCUMENT # P05000157542		
1. Entity Name P.M.C. CONTRACTORS, CORP.		

Principal Place of Business 8933 SW 123RD CT APT 106 MIAMI, FL 33186	Mailing Address 8933 SW 123RD CT APT 106 MIAMI, FL 33186
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2. Principal Place of Business - No P.O. Box # 9222 SW 123 Avenue Suite, Apt. #, etc.	3. Mailing Address 9222 SW 123 Avenue Suite, Apt. #, etc.
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City & State Miami Florida Zip 33186 Country U.S.A.	City & State Miami, Florida Zip 33186 Country U.S.A.
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04032007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3884155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MEDINA, PABLO A 8933 SW 123RD CT APT 106 MIAMI, FL 33186	7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 9222 SW 123 Avenue City Miami FL Zip Code 33186
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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 P. Medina DATE 4-3-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDINA, PABLO A 8933 SW 123RD CT APT 106 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDINA, PABLO A 9222 SW 123 Avenue Miami, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEDINA, MARCOS 8933 SW 123RD CT APT 106 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEDINA, MARCOS 9222 SW 123 Avenue Miami, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: P. Medina DATE 4-3-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR