

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90037 029 ***150.00

DOCUMENT # P06000006933 1. Entity Name SOUTH FLORIDA CONSTRUCTION MANAGEMENT, INC.					
Principal Place of Business 800 W. CYPRESS CREEK RD., #470 FT. LAUDERDALE, FL 33309			Mailing Address 800 W. CYPRESS CREEK RD., #470 FT. LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box # 800 W. CYPRESS CREEK RD.		3. Mailing Address 800 W. CYPRESS CREEK RD.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40102790</div> <div style="display: flex; justify-content: space-around; font-size: 12px;"> 01162007 Chg-P CR2E034 (12/06) </div>	
Suite, Apt. #, etc. SUITE 465		Suite, Apt. #, etc. SUITE 465			
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL			
Zip 33309	Country USA	Zip 33309	Country USA		
4. FEI Number 55-0915056				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 LEGEL, LARRY 800 W. CYPRESS CREEK RD., #470 FT. LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGEL, LARRY 800 W. CYPRESS CREEK RD., #470 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D, T, S LEGEL, LARRY 800 W. CYPRESS CREEK RD., #470 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNAERT, JEROME P.O. BOX 1059 ALVA, FL 33920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNAERT, JEROME P.O. BOX 1059 ALVA, FL 33920	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNAERT, JEROME P.O. BOX 1059 ALVA, FL 33920	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNAERT, JEROME P.O. BOX 1059 ALVA, FL 33920	<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: <u>Larry Legel</u> LARRY LEGEL VP 5.1.7 <u>954 493 8900</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					