2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

Secretary of State DOCUMENT # P06000035457 02-05-2007 90119 021 ***150.00 MONAHAN MASUR CONSTRUCTION, INC. Principal Place of Business Mailing Address 1612 SE SECOND COURT 1612 SE SECOND COURT FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Cha-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 51-0568717 Not Applicable Country \$8.75 Additional Zio Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONAHAN, LESLI M Street Address (P.O. Box Number is Not Acceptable) 1612 SE SECOND COURT FORT LAUDERDALE, FL 33301 City Zip Code Fl 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD TITLE ☐ Change ☐ Addition ☐ Detete MONAHAN, JOHN NAME STREET ADDRESS 1612 SE SECOND COURT STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-7IP VTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MASUR, SHAWN NAME 1612 SE SECOND COURT STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33301 CITY-ST-ZIP CITY - ST - ZIP TITLE Delete ☐ Change ☐ Addition NAME MONAHAN, LESLI M NAME 1612 SE SECOND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

FILED

LESLI M MONAHAN 1/30/0

Feb 05, 2007 8:00 am