## 2008 FOR PROFIT CORPORATION.

## **ANNUAL REPORT** DOCLIMENT # DOCODOR 1270

## **FILED** Jan 11, 2008 08:00 AN ate

DOCUMENT # P06000061279  1. Entity Name MIDTOWN BUILDERS AND CONSULTING, INC.				Jan 11, 2008 08:0 Secretary of St			
858 HOLLY	ce of Business WOOD BLVD. D, FL 33019 US	Mailing Address 858 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019 US	5	4 (00)(604	11 azisa 2014 2041) 2017 927	! <b>3 T</b> ; <b>10 3</b> 16 <b>3</b> ) (( <b>0</b>	id fibri 1808 ) bijbol il 1881
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Ĺ.	O NOT WRITE	har him	4. FEI Numb			Applied For Not Applicable	
			5. Certificate	e of Status Desired		8.75 Additional	
	6. Name and Address of Current	Registered Agent					
ROSENTH 2875 NE 1 SUITE 500 AVENTUR		<b>.</b>		NOT W THIS SP	,	1	
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 tall applicable (NOTE, Registered Agent signature required when rematating)  DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, MATTHEW A 858 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019				Hodinod	780180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, LESLIE 1 858 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019				01/Ĭ4/̈OŠ-	aðððií-	027 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		this sp	ACE	
THILE NAME STREET ADDRESS							

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MATTHEW Cohen

1-10-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR