

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000068135

Entity Name: FPS CONSTRUCTION, INC.

FILED
May 09, 2007
Secretary of State

Current Principal Place of Business:

4725 CASON CAVE DR., #1417
ORLANDO, FL 32811

New Principal Place of Business:

6105 RALLEIGH ST
APT. 305
ORLANDO, FL 32835

Current Mailing Address:

4725 CASON CAVE DR., #1417
ORLANDO, FL 32811

New Mailing Address:

6105 RALLEIGH ST
ORLANDO, FL 32835

FEI Number: 20-4883476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DA SILVA AMPARO, FERNANDA
4725 CASON CAVE DR., #1417
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

DA SILVA AMPARO, FERNANDA
6105 RALLEIGH ST
ORLANDO, FL 32835 US

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.

SIGNATURE: FERNANDA DA SILVA AMPARO

05/09/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DA SILVA AMPARO, FERNANDA
Address: 4725 CASON CAVE DR., #1417
City-St-Zip: ORLANDO, FL 32811

Title: VD () Delete
Name: ELIAS SWAID, JAMIL JR.
Address: 4725 CASON CAVE DR., #1417
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: DUARTE, PEDRO P
Address: 4725 CASON CAVE DR., #1417
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ELIAS SWAID, JAMIL
Address: 6105 RALLEIGH ST
City-St-Zip: ORLANDO, FL 32835

Title: VD (X) Change () Addition
Name: DUARTE, PEDRO JR.
Address: 6105 RALLEIGH ST
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change () Addition
Name: TAVARES, JOSE MARIA
Address: 6105 RALLEIGH ST
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIEL ELIAS SWAID

PD

05/09/2007

Electronic Signature of Signing Officer or Director

Date