

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90220 018 \*\*\*150.00

DOCUMENT # P06000123489

1. Entity Name  
JOSH & ALISIA CONSTRUCTION, INC



Principal Place of Business  
6517 SPRING GLADE COURT  
ORLANDO, FL 32818

Mailing Address  
6517 SPRING GLADE COURT  
ORLANDO, FL 32818

60001100



2. Principal Place of Business - No P.O. Box #  
5800 Judy Dee Dr  
Suite, Apt. #, etc.

3. Mailing Address  
5800 Judy Dee Dr  
Suite, Apt. #, etc.

01072007 Chg-P CR2E034 (12/06)

City & State  
Orlando, FL  
Zip  
32808  
Country  
U.S.A

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Orlando, FL  
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32808  
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U.S.A

4. FEI Number  
74-3194214  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

RATTAN-DALIP, LISELLE F  
6517 SPRING GLADE COURT  
ORLANDO, FL 32818

## 7. Name and Address of New Registered Agent

Name  
DALIP CHATERAM  
Street Address (P.O. Box Number is Not Acceptable)  
5800 Judy Dee Dr  
Orlando  
City  
FL Zip Code  
32808

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 *Chateram Dalip*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**(FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00)**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALIP, CHATERAM <del>6517 SPRING GLADE COURT</del> <del>ORLANDO, FL 32818</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RATTAN-DALIP, LISELLE F 6517 SPRING GLADE COURT ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERSAUD, DEOCHAND 6517 SPRING GLADE COURT ORLANDO, FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5800 Judy Dee Dr Orlando, FL 32808
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Chateram Dalip PRES.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
407-595-2525  
Daytime Phone #