

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90397 038 \*\*\*150.00

DOCUMENT # P06000124261  
 1. Entity Name  
 BUILDER GROUP IN SW FLORIDA INC



Principal Place of Business  
 1003 SE 21ST AVE  
 CAPE CORAL, FL 33990

Mailing Address  
 1003 SE 21ST AVE  
 CAPE CORAL, FL 33990

2. Principal Place of Business - No P.O. Box #  
**1300 SW 22nd Ave**

3. Mailing Address  
**1300 SW 22nd Ave**

Suite, Apt. #, etc.

City & State  
**Cape Coral, FL**

City & State  
**Cape Coral, FL**

Zip  
**33991**

Country

Zip  
**33991**

Country



02262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

GARCIA, LUIS E  
 1003 SE 21ST AVE  
 CAPE CORAL, FL 33990

4. FEI Number  
**20-5625379**

Applied For  
 Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 GARCIA, LUIS E 1003 SE 21ST AVE CAPE CORAL, FL 33990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATIA, AMADO M 1003 SE 21ST AVE CAPE CORAL, FL 33990	<input checked="" 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
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 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: Amado M Atig Date: 02-26-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #