2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P06000135348 02-28-2008 90009 026 ***150.00 BESSENROTH BUILDERS INC. Principal Place of Business Mailing Address 833 34 ST 833 34 ST 40034551 WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202008 CR2E034 (12/06) Chg-P City & State 4. FEI Number City & State Applied For 37-1531443 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BESSENROTH, NICK Street Address (P.O. Box Number is Not Acceptable) 833 34 ST WEST PALM BEACH, FL 33407 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. P/D M Addition TITLE TITLE ☐ Delete Jessica Butnman BESSENROTH, NICK NAME NAME 833 34th STREET ADDRESS 833 34 ST STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-7IP TITLE VP/T Delete TITLE ☐ Change ☐ Addition NAME BESSENROTH, NICK NAME STREET ADDRESS STREET ADDRESS 833 34 ST CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Delete TITLE Change Addition TITLE BESSENROTH, NICK NAME NAME STREET ADDRESS 833 34 ST STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME **BUTHMAN, JESSICA** NAME 833 34TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the intormation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Frurther 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 28, 2008 8:00 am

Daytime Phone #