2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

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DOCU	MENT # P07000113	083		Wa .	02-04-2008 900	-	
1. Entity Nam	DECONSTRUCTION CORPOR	ATION					
	* correct						
Principal Plac		Mailing Address		- 03	110-		
480 SOMTER		480 SO MTER AVENUE		4001	• •		
DAVIE, FL 3	3325 Sumter	DAVIÉ, FL 33325					
	<i>₩</i> • • • • • • • • • • • • • • • • • • •						
2. Principal P	lace of Business - No P.Q. Box #	3. Mailing Address 420 SVM 7	ER AVE		\$		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01302008	Chg-P	CR2E034 (12/06)	
City & State	: FL 33725	City & State	i	4. FEI Number	26-12089	Y 4	oplied For ot Applicable
Zip 73	325 Country USA	Zip 33375	Country 4			\$8.75 Add	
	6. Name and Address of Current R	legistered Agent	Name	7. Name and	Address of New Regis		
SPIEGEL 6	& UTRERA, P.A.		Street Add	אין	ris Not Acceptable)	TIER	
4TH FLOC	OR .		UQ	•			
MIAMI, FL	33145		City C	10 SUMTER	NUC	FL Zip Cod	971
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or re	egistered agent, or both	, in the State of Florida	<u> </u>	and accept
1 7	ions of registered agent.	11 + A TAK	<i>[]</i>	1.1.+	1/-	70/06)
SIGNATURE.		Hostelle	Registered Agent signature	sident required when reinstating)	1/3	30/08) ——
	ions of registered agent.	Host applicable (NOTE				30/08	?
SIGNATURE.	ions of registered agent.	A stable (NOTE 9. Election Campaig	n Financing	s; lont required when reinstating) \$5.00 May Be Added to Fees	<u>//</u> :	30/08)
SIGNATURE.	Signature, typed or printed in the of registered agent are E NOW!!! FEE IS \$150.00	nd title if applicable (NOTE 9. Election Campaig Trust Fund Contril	n Financing	\$5.00 May Be Added to Fees	CHANGES TO OFFICE	30/08	S IN 11
SIGNATURE - FIL After Ma	Signature. Hyped or printed of me of registered agent are NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	nd title if applicable (NOTE 9. Election Campaig Trust Fund Contril	in Financing bution. 11.	\$5.00 May Be Added to Fees ADDITIONS/C		DATE PRO AND DIRECTOR	
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12. I hereby certify that the information supplied with this filling 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:

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