


**FOR PROFIT CORPORATION
2013 ANNUAL REPORT**

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATION

2013 JUN 18 AM 10:50

DOCUMENT # P120000065959	
1. Entity Name Ultimate Construction Enterprise Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 601 SE 20th Ave.	3. Mailing Address 4440 N.E 4th Ave
Suite, Apt. #, etc. 5	Suite, Apt. #, etc.

CR2E0348 (1/11)

City & State Deerfield beach FL.	City & State Deerfield Beach FL	4. FEI Number 02-0775799	Applied For <input type="checkbox"/> Not Applicable
Zip 33442	Country USA	Zip 33069	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Joe Garcia
Street Address (P.O. Box Number is Not Acceptable) 4440 NE 4th Ave
Pompano beach
City FL
Zip Code 33069

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 _____

[Signature]

January - May 1 Fee is \$160.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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

E-mail Address:

E-mail address to be used for future annual report notices.

1-27-14

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joe Garcia 4440 NE 4th Ave Pompano beach FL 33069
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02/04/14--01012--001 ***550.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE: _____

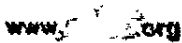
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1-27-14

Rm 2/5/14



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