

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90004 026 \*\*\*150.00

**DOCUMENT # P92000003842**

1. Entity Name

ALL FLORIDA CONSTRUCTION COMPANY



Principal Place of Business

6090 SW 78TH ST  
S. MIAMI FL 33143  
US

Mailing Address

6090 SW 78TH ST.  
SOUTH MIAMI FL 33143-5023  
US

54073413

2. Principal Place of Business

7380 S.W. 27th PL

Suite, Apt. #, etc.

# 2907

City & State

DAVIE, FLORIDA

Zip

33314

Country

USA

3. Mailing Address

7380 S.W. 27th PL

Suite, Apt. #, etc.

# 2907

City & State

DAVIE, FLORIDA

Zip

33314

Country

USA



MOORE

CR2E034 (4/04)

4. FEI Number

65-0322731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, CHARLES E  
6090 SOUTH WEST 78TH STREET  
SOUTH MIAMI FL 33143

Name SAME

Street Address (P.O. Box Number is Not Acceptable)

7380 S.W. 27th PL

# 2907

City

DAVIE, FLORIDA FL

Zip Code

33314

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCT	<input type="checkbox"/> Delete
NAME	JOSEPH, CHARLES E.	
STREET ADDRESS	6090 SW 78TH ST.	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MARGARET, JOSEPH R	
STREET ADDRESS	6090 SW 78TH ST.	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOSEPH, CHARLES II	
STREET ADDRESS	6090 SW 78TH ST.	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	JOSEPH, CHRISTINA E.	
STREET ADDRESS	6090 SW 78TH ST.	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JOSEPH, BRYAN A.	
STREET ADDRESS	6090 SW 78TH ST.	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Charles E Joseph*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Aug. 19, 2004 954-318-2298*

Date

Daytime Phone #