## 2007 FOR PROFIT CORPORATION

## May 29, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P92000003842** 05-29-2007 90041 034 \*\*\*150.00 ALL FLORIDA CONSTRUCTION COMPANY Principal Place of Business Mailing Address 40118617 7380 S.W. 27TH PL 7380 S.W. 27TH PL #2907 #2907 FORT LAUDERDALE, FL 33314 FORT LAUDERDALE, FL 33314 2. Principal Place of Business ; No P.O. Box # 14011 S.W. 90th Ave -3. Mailing Address 14011 S.W. 90 th AVE-Suite, Apt. #, etc. Suite, Apt. #, etc. 05232007 Chg-P CR2E034 (12/06) #D-104 City & State City & State 4. FEI Number Applied For FLORIDA FLORIDA MiAMI, 65-0322731 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHARLES E. JOSEPH JOSEPH, CHARLES E Street Address (P.O. Box Number is Not Agor 14011 51W, 90 address change => 7380 SW 27TH PL #2907 FORT LAUDERDALE, FL 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 (NOTE: Registered Agent signature required when reinstating) Did not receive A 150. 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 14, 2007 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President TITLE ☐ Detete TITLE Change ■ Addition CHARLES E. JOSEPH 14011 SIW. 90th AVE. # 0-104 NAME JOSEPH, CHARLES E NAME STREET ADDRESS 7380 S.W. 27TH PLACE, #2907 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33314 CITY-ST-ZIP MIAMI, FLORIDA 33176 TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME JOSEPH, CHARLES E II NAME STREET ADDRESS 130 BIRCHWOOD DRIVE STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP TITLE **VP** ☐ Delete TITLE Change Addition NAME JOSEPH, BRYAN A STREET ADDRESS 15551 HUNTRIDGE ROAD STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33331** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ΠΠF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP 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.

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**SIGNATURE:**