
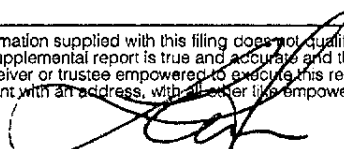


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000007486		
1. Entity Name REMCON CONSTRUCTION, INC.		
Principal Place of Business 12198 NW 9TH DRIVE CORAL SPRINGS, FL 33071 US	Mailing Address 12198 NW 9TH DRIVE CORAL SPRINGS, FL 33071 US	
DO NOT WRITE IN THIS SPACE		
		03222005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0392359
		Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
LARRY A. ROTHENBERG, P.A. 815 CORAL RIDGE DR POMPANO BEACH, FL 33071		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS MOSCOVITCH, LEWIS 12198 NW 9TH DRIVE CORAL SPRINGS, FL 33071	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MOSCOVITCH, LEWIS 12198 NW 9TH DRIVE CORAL SPRINGS, FL 33071	
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TITLE 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: 		4/18/05 954-341-1499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #