

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90162 025 ***150.00

DOCUMENT # P93000016372			
1. Entity Name K & L CONSTRUCTION, CORP.			
Principal Place of Business 1811 SABAL PALM DR. #402 FORT LAUDERDALE, FL 33324 US		Mailing Address 1811 SABAL PALM DR. #402 FORT LAUDERDALE, FL 33324 US	
2. Principal Place of Business <i>2021 W 610th Rd</i> Suite, Apt. #, etc. <i>#14</i> City & State <i>DAVIE BEACH, FL</i> Zip <i>33312</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-0407903		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUNCINE, JOSEPH 3114 PEACHTREE CIR DAVIE, FL 33328		7. Name and Address of New Registered Agent Name <i>Joseph SUNCINE</i> Street Address (P.O. Box Number is Not Acceptable) <i>1811 SABAL PALM DR.</i> <i>#402</i> City <i>FORT LAUDERDALE FL</i> Zip Code <i>33324</i>	
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 <i>[Signature]</i> DATE <i>4-22-05</i> <small>Signature, typed or printed name of registered agent and title if applicable</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUNCINE, JOSEPH 3114 PEACHTREE CIR DAVIE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SUNCINE, JOSEPH</i> <i>1811 SABAL PALM DR #402</i> <i>FORT LAUDERDALE FL 33324</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SUNCINE, LAVERNE 3114 PEACHTREE CIR DAVIE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SUNCINE, LAVERNE</i> <i>1811 SABAL PALM DR #402</i> <i>FORT LAUDERDALE FL 33324</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 authority to be changed.			
SIGNATURE: <i>[Signature]</i>		Date <i>4-22-05</i> Daytime Phone # <i>954-260-3890</i>	