## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 24, 2006 08:00 AM **Secretary of State** DOCUMENT # P93000026850 1. Entity Name T. MALL CONSTRUCTION CO. Principal Place of Business Mailing Address 2000 N 57TH TER 2000 N 57TH TER HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 US 01312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0420502 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MALL, TONY 2000 N 57TH ST HOLLYWOOD, FL 33021 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. (am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NQTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MALL, TONY 2000 N 57TH TER STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP SILVE NAME STREET ADDRESS U00000445339 CITY -ST-ZIP 03/08/06-80004-022 t**50.00** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ACCRESS CITY-ST-ZIP NAME STREET ADDRESS

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURĚ:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

2-21-06 954981-5320

FILED