


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # P94000030361</b><br>1. Entity Name<br>PSA CONSTRUCTORS, INC. |  |
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| Principal Place of Business<br>1516 E. HILLCREST STREET<br>SUITE 310<br>ORLANDO, FL 32803 US | Mailing Address<br>1516 E. HILLCREST STREET<br>SUITE 310<br>ORLANDO, FL 32803 US |
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01302005 No Chg-P CR2E034 (10/03)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>59-3237953  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

**DO NOT WRITE IN THIS SPACE**

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| 5. Name and Address of Current Registered Agent<br><br>ALIU, PATRICK<br>7806 FERNLEAF DRIVE<br>ORLANDO, FL 32836 |
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**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:  DATE: 2/7/05  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PCEO<br>ALIU, PATRICK<br>7806 FERN LEAF DRIVE<br>ORLANDO, FL 32836 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

1100000224213  
02/10/05-80078-008 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 2/7/05 4078989119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR