## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P94000093916 1. Entity Name **BDI CONSTRUCTION COMPANY** 04-26-2004 90418 050 \*\*\*158.75 Principal Place of Business Mailing Address 7270 NW 12 ST 7270 NW 12 ST STE 200 STE 200 MIAMI, FL 33166 MIAMI, FL 33166 1IS 2. Principal Place of Business 7270 NW 12 STREET 7270 NW 12 STREET Suite, Apt. #, etc STE 200 Suite, Apt. #, etc STE 200 04152004 CR2E034 (10/03) Cha-P City & State MIAMI, FL City & State MIAMI, FL 4. FEI Number Applied For 65-0543409 Not Applicable 33126 $\overset{\text{Zip}}{\mathbf{33126}}$ Country USA \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KATHLEEN BENTE ESQ ... KATHLEEN BENTE ESQ ..... Street Address (P.O. Box Number is Not Acceptable) SMOLER, LERMAN, BENT & SMOLER, LERMAN, BENTE & WHITEBOOK, P.A. WHITEBOOK, PA 2611 HOLLYWOOD BLVD. MIAMI, FL 33020 2611 HOLLYWOOD BLVD HOLLYWOOD 33020 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition ROSELL, TEOBALDO JR NAME NAME STREET ADDRESS 1220 ALEGRIANO AVE STREET ADDRESS CORAL GABLES, FL 33146 CITY-ST-ZIP CITY-ST-ZIP D/S ☐ Delete ☐ Change ☐ Addition ROSELL, INA P NAME NAME 1220 ALEGRIANO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition ROSELL, TEOBALDO III NAME NAME 8841 SW 86 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE ROSELL, CARLOS F NAME ROSELL, CARLOS F NAME STREET ADDRESS 5919 TURIN STREET STREET ADDRESS 11525 SW 69 COURT CORAL GABLES, FL 33146 CITY-ST-ZIP CITY-ST-ZIP PINECREST, FL 33156 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Il 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 other like empowered.

MACO DE TEORALDO ROSELL JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

305-592-1210

Daytime Phone #