

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048615

FILED  
Mar 27, 2006  
Secretary of State

Entity Name: SOUTH FLORIDA CONTRACTORS INC.

## Current Principal Place of Business:

3281 LAKE WORTH ROAD  
STE H  
LAKE WORTH, FL 33467 US

## Current Mailing Address:

3281 LAKE WORTH ROAD  
STE H  
LAKE WORTH, FL 33467 US

## New Principal Place of Business:

2775 VISTA PARKWAY  
SUITE G4  
WEST PALM BEACH, FL 33411 US

## New Mailing Address:

2775 VISTA PARKWAY  
SUITE G4  
WEST PALM BEACH, FL 33411 US

FEI Number: 65-0590040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LABBE, JULIAN  
244 BROWARD AVE.  
GREENACRES, FL 33463 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LABBE, JULIAN  
Address: 244 BROWARD AVE.  
City-St-Zip: GREENACRES, FL 33463

Title: VP ( ) Delete  
Name: MAZZA, MARIO  
Address: 452 CRIOLE CIR  
City-St-Zip: JUPITER, FL 33458

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIAN LABBE

P

03/27/2006

Electronic Signature of Signing Officer or Director

Date