

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90297 022 ***150.00

DOCUMENT # P95000086338

1. Entity Name
THE BUILDING DEPARTMENT, INC.



Principal Place of Business 11860 W STATE ROAD 84 STE 1 FORT LAUDERDALE, FL 33325	Mailing Address 11860 W STATE ROAD 84 STE 1 FORT LAUDERDALE, FL 33325
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14011679



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address c/o Thelen Reid & Priest LLP Suite, Apt. #, etc. 875 Third Ave., #1433 City & State New York, NY Zip 10022	Country USA
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04192005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0620100	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD WRIGHT, DICKERSON 7895 CONVOY CT STE # 18 SAN DIEGO, CA 92111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PIEDELIEVRE, FRANK 17 BIS, PL DES REFLETS, LA DEFENSE 2 94000 COURBEVOIE, FRANCE, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIFFE, ROBERT 11860 W. STATE ROAD 84 FORT LAUDERDALE, FL 33325 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TARDAN, FRANCOIS 17 BIS, PL DES REFLETS, LA DEFENSE 2 94000 COURBEVOIE, FRANCE, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAIMES, BURTON K 875 THIRD AVENUE, #1433 NEW YORK, NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC DAMASCENO, LUIS C 11860 W. STATE ROAD 84, STE. 1 FORT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/CEO WRIGHT, DICKERSON C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	92400 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	92400 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	92400 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	92400 <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 all other like empowered.

SIGNATURE:

Burton K. Haimes

Burton K. Haimes

4-25-05

(212) 603-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #