2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Aug 13, 2004 8:00 am Secretary of State DOCUMENT # P95000086515 08-13-2004 90071 004 ***550.00 L.P. COOK CONSTRUCTION COMPANY Principal Place of Business Mailing Address 22900 SW 157 AVE 22900 SW 157 AVE SUITE:3 SUITE 3 MIAMI FL 33170 MIAMI FL 33170 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CB2E034 (4/04) MOORE City & State 4. FEI Number Applied For City & State 65-0822466 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUCK, RICHARD M-Street Address (P.O. Box Number is Not Acceptable) 255 WEST 24TH ST. SUITE 342 MIAMI BEACH FL 33140 City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies it DUE BY September 8, 2004 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ☐ Change Addition COOK, LAWRENCE NAME NAME STREET ADDRESS 1918 LIBERTY AVE., SUITE 5 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE BUCK, RICHARD M NAME NAME STREET ADDRESS 255 W. 24TH ST #342 STREET ADDRESS MIAMI BCH FL 33139 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

□ Delete

☐ Change

☐ Addition