## **2005 FOR PROFIT CORPORATION**

## **FILED** 2005 00.00 $\mathbf{AM}$

Daytime Phone #

	ANNUAL R	EPORT		_		8, 2005 08:00
DOCU	MENT # P9500009506	5			Se	ecretary of Stat
1. Entity Nam	ne e	- ·		ļ		-
ALL PRO	CONSTRUCTION & DESIGN,	INC.		:		
Principal Plac	e of Business M	failing Address	· · · · · · · · · · · · · · · · · · ·	1		
11864 NW 2		11864 NW 2ND ST				
CORAL SPRII	NGS, FL 33071	CORAL SPRINGS, FL <sup>*</sup> 33071				
				I ILEMAN W		
				01122005	No Chg-P	CR2E034 (10/03)
	O NOT WRITE I	N THIS SPA	CE	4. FEI Numbe	·	Applied For
		<del>-</del>		65-062		Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Regis	itered Agent	·	L	<u> </u>	r-ee medalieu
TUT LAIM	FIDALOE LANGENCE LODIECEL	CURTR				
	FIRM OF LAWRENCE J SPIEGEL RIA AVENUE	DO NOT WRITE				
CORAL G	ABLES, FL 33134	IN THIS SPACE				
				15 4 1		
	named entity submits this statement for the p	ourpose of changing its register	ed office or register	red agent, or bot	n, in the State of Fl	orida. I am familiar with, and accept
the obligat	tions of registered agent.					
SIGNATURE_	Signature typed or printed name of registered agent and title	if annitoside Differ Benever	d Agent signature required	Auban remelation)		DATE
	aid-stone, wheat is but led that and tables and their and the	applicatio (NOTE hogistaria	a Affect Signatora radured	where remaining)	<u>.                                    </u>	DATE
	E NOW!!! FEE IS \$150.00	<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>		.00 May Be ed to Fees		
	ay 1, 2005 Fee will be \$550.00			ed 10 1 063		
TITLE	OFFICERS AND DIRE	CTORS	}			
NAME	HUDEC, MĪCHAEL					
STREET ADDRESS	11864 NW 2ND STREET				Linna	ነጋ 4 ነጋ ግርት ም ፈ
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	·	1		ni /1970	0183054 -80053-004 150.00
TITLE NAME	HUDEC, MATILDE		İ			
STREET ADDRESS	11864 NW 2ND STREET					
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		1			
NAME						
STREET ADDRESS				DO	NOT W	/RITF
CITY-ST-ZIP		<u></u>	ł		—	
NAME				IIV I	THIS SI	ACE
STREET ADDRESS						
CITY - ST - ZIP		*			-	
NAME	,					
STREET ADDRESS CITY-ST-ZIP	Λ		f			
TITLE			-			
NAME	\		]			
STREET ADDRESS						
12. I hereby s	certify that the information supplied with this for	ling does not qualify for the exe	mption stated in Se	ction 119.07(3)(i	, Florida Statutes	I further certify that the information
indicated of the cor	certify that the information supplied with this figure to this report of supplemental report is true a poration or the regions of true appropriate the supplemental report is true at poration or the regions of true with a	and accurate and that my signated to execute this report as requi	ure shall have the s red by Chapter 607	same legal elled , Florida Statute	as it made under s, and that my nam	oath, that I am an officer or director of appears in Block 10 or Block 11 if
changed,	or on an attachment with an appress, with al	Il other like empowered.	Thirted		11/400	lagi xha nhaa
SIGNAT		MI CHAEC	MUDEC	<i>\\\</i> //	14/11/	יין עני זין דין דיניין
	表がNATI IRE AND おりかか clas ORINTED	NAME OF SIGNING OFFICER OR DIRECT	OR	,	Date	1 Daytime Phone #

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR