2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Sep 24, 2004 8:00 am **DOCUMENT # P96000000717** Secretary of State 1. Entity Name INTEGRAL BUILDERS, INC. 09-24-2004 90001 048 ***550.00 Mailing Address Principal Place of Business 4809 NW 27 TERRACE 4809 NW 27 TERRACE J401J4U6 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 US 3. Mailing Address 6740 NW 45th Cart 2. Principal Place of Business 6740 NW 45th Court Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 09222004 Cha-P 4. FEI Number Applied For City & State City & State anderhill, Fl. Lauderhill FL. 65-0635723 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired usA 33319 WA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FARBSTEIN, DAVID R 2765 W. CYPRESS CREEK RD. FT. LAUDERDALE, FL 33309 1200 S. Pine Island Road, Shite 470 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. 9-7-2004 W mm SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. P, T, UP, S, D Addition TITLE TITLE ☐ Delete LABIDOU, JOSEPH NAME NAME Labidon, Juseph STREET ADDRESS 4809 N.W. 27 TER STREET ADDRESS 6740 NW 45+ Cow+, Lawerhill, FL. 33319 CITY-ST-ZIP CITY-ST-7IP TAMARAC, FL 33309 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 of 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 attachr

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR