

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000005393	
1. Entity Name AMERICAN BUILDERS 2001, INC.	
Principal Place of Business 16425 COLLINS AVENUE SUITE 1412 MIAMI, FL 33160	Mailing Address 7800 W OAKLAND PARK BLVD BLDG G FORT LAUDERDALE, FL 33351



03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0672827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN
7800 W OAKLAND PARK BLVD, BLDG G
SUNRISE, FL 33351

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	T LAPIERRE, REJEAN 7800 W OAKLAND PARK BLVD BLVD E SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIBONEY, GILBERT 16425 COLLINS AVE #1412 MIAMI, FL 33160
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05/27/08-80051-007 438.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rejean Lapierre REJEAN LAPIERRE 4/28/08 954-749-8802