


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90077 016 \*\*\*150.00

DOCUMENT # P96000067906					
1. Entity Name BUILDING PROMOTOR, INC.					
Principal Place of Business 1222 NE 4TH AVE FT LAUDERDALE, FL 33304 US			Mailing Address 1222 NE 4TH AVE FT LAUDERDALE, FL 33304 US		
2. Principal Place of Business <b>101 SUNDIAL, CIRCLE A</b> Suite, Apt. #, etc. <b>MARGATE, FLORIDA</b> City & State <b>USA 33068</b> Zip		3. Mailing Address <b>101 SUNDIAL</b> Suite, Apt. #, etc. <b>CIRCLE A</b> City & State <b>MARGATE, FL</b> Zip <b>33068</b> Country <b>BROWARD</b>		01062004 Chg-P CR2E034 (10/03)  4. FEI Number <b>65-0750076</b> Applied For Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LABOSSIERE, MARC</b> <b>1222 N.E. 4TH AVENUE</b> <b>FORT LAUDERDALE, FL 33304</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGAL, PIERRETTE 101 SUNDIAL CR A MARGATE, FL 33068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>William Ireland</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date _____ Daytime Phone # _____	

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