## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2008 08:00 A Secretary of State **DOCUMENT # P96000104316** 1. Entity Name FINEBUILT III, INC. Principal Place of Business Mailing Address 9425 HARDING AVENUE 9425 HARDING AVENUE SURFSIDE, FL 33154 SURFSIDE, FL 33154 CR2E034 (11/05) 01082008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0719089 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FINVARB, ROBERT I DO NOT WRITE 9425 HARDING AVE SURFSIDE, FL 33154 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 U00000910814 Trust Fund Contribution. Added to Fees 05/07/08-80012-025 150.00 10. OFFICERS AND DIRECTORS TITLE FINVARB, RICHARD NAME STREET ADDRESS 9425 HARDING AVENUE CITY-ST-ZIP SURFSIDE, FL 33154 TITLE NAME FINVARB, ROBERT I 9425 HARDING AVE STREET ADDRESS CITY-ST-ZIP SURFSIDE, FL 33154 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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-withfan address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

117/08 (305) 861-333

**FILED**