

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 01, 2004 08:00 AM
Secretary of State**

DOCUMENT # P97000001971

**1. Entity Name
ACIER CONSTRUCTION INC.**



Principal Place of Business

**10295 S.W. 182ND ST
MIAMI, FL 33157**

Mailing Address

**10295 S.W. 182ND ST
MIAMI, FL 33157**



06262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0713426**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOUIE, ANDRAE
10295 S.W. 182ND ST.
MIAMI, FL 33157**

**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
Due by September 8, 2004**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOUIE, ANDRAE
STREET ADDRESS	10295 S.W. 182ND ST
CITY-ST- ZIP	MIAMI, FL 33157
TITLE	V
NAME	GAILLARD, LESLEY
STREET ADDRESS	12371 SW 39 TERRACE
CITY-ST- ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

**U00000163010
07/01/04-80003-016 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

6/26/04

Date

(305) 969-8176

Daytime Phone #