

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 28, 2004 8:00 am
Secretary of State

05-03-2004 91038 017 ***150.00

DOCUMENT # P97000041275 1. Entity Name H.O.N. CONSTRUCTION COMPANY, INC			
Principal Place of Business 16186 SW 86 TERRACE MIAMI, FL 33193		Mailing Address 16186 SW 86 TERRACE MIAMI, FL 33193	
2. Principal Place of Business 12870 SW 187 TR.		3. Mailing Address SAME	
Suite, Apt. #, etc. MIAMI		Suite, Apt. #, etc. 	
City & State MIAMI, FL		City & State 	
Zip 33177		Zip 	
Country 		Country 	
4. FEI Number 65-0742229		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENIS, LOPEZ A 16186 SW 86 TERRACE MIAMI, FL 33193		7. Name and Address of New Registered Agent Name DENIS LOPEZ Street Address (P.O. Box Number is Not Acceptable) 12870 SW 187 TR City MIAMI FL 33177	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME LOPEZ, DENIS A	TITLE 	NAME
STREET ADDRESS 16186 SW 86 TERRACE	CITY-ST-ZIP MIAMI, FL 33196	STREET ADDRESS 	CITY-ST-ZIP
TITLE VPSD	NAME VERAMERIDI, SANY	TITLE 	NAME
STREET ADDRESS 16186 SW 86 TERRACE	CITY-ST-ZIP MIAMI, FL 33193	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	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 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:		Denis Lopez	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 05-25-04 Daytime Phone # 305-9694676	