

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 28, 2004 08:00 AM

Secretary of State

DOCUMENT # P97000053028

1. Entity Name

GILES CONSTRUCTION GROUP, INC.



Principal Place of Business

**2341 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

Mailing Address

**2341 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**



01292004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

43-2023175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MALINSKI, NORMAN ESQ
2875 NORTHEAST 191ST STREET
SUITE 508
AVENTURA, FL 33180**

**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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000136567
04/28/04-80094-005 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
GILES, GLENN
2341 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**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

Date

Daytime Phone #

1/29/04 954.923.5838