

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000060181
1. Entity Name
FLORIDA CONSTRUCTION LIMITED, INC



Principal Place of Business
1245 N.E. 82 ST.
MIAMI, FL 33138

Mailing Address
1245 N.E. 82 ST.
MIAMI, FL 33138



05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number
65-0767143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ALVAREZ, TOMAS R
1245 N.E. 82 ST.
MIAMI, FL 33138

**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 _____
Signatures should be printed name of registered agent and the / if applicable. If AG's Registered Agent signature is required when renewing, DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

UN00000156190
05/05/04-80067-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ALVAREZ, TOMAS R 1245 NE 82 ST MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A

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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)(b), 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 manager or trustee exercising the authority to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an address, and/or other like empowered.

SIGNATURE: *Tomas R. Alvarez* **TOMAS R. ALVAREZ** 4-29-2004 (305) 757-0677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date