

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90226 038 ***150.00

DOCUMENT # P97000106247

1. Entity Name
DOUBLE P. CONSTRUCTION, INC.



Principal Place of Business
941 NE 19TH AVENUE SUITE 208
FT LAUDERDALE, FL 33304

Mailing Address
941 NE 19TH AVENUE SUITE 208
FT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE



94062304

04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3485416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POTENTI, ALESSANDRO
941 NE 19TH AVENUE SUITE 208
FT LAUDERDALE, FL 33304

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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: _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE:** _____
Signature, typed or printed name of registered agent and title if applicable.

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**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	POTENTI, FABIO
STREET ADDRESS	2 DUDLEY ST #470
CITY-ST-ZIP	PROVIDENCE, RI 02905
TITLE	P
NAME	POTENTI, ALESSANDRO
STREET ADDRESS	1121 NE 17th TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: Alessandro Potenti **ALESSANDRO POTENTI** 4/15/04 (954) 7797525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #