2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # P98000009644 1. Entity Name

DESIGN CONSTRUCTORS, INC.

Apr 26, 2004 08:00 AM Secretary of State

FILED

Principal Place of Business

2100 N ANDREWS AVE EXT

POMPANO BEACH, FL 33069 US

Mailing Address

2100 N ANDREWS AVE EXT POMPANO BEACH, FL 33069

US



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0813<u>87</u>6 Applied For Not Applicable

5. Certificate of Status Desired

4-23-04

(954)914-3262

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PADULA, HARRY R 2100 N ANDREWS AVE EXT POMPANO BEACH, FL 33069

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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 site of applicable. (NOTE, Registered Agent signature required w				e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribut				\$5.00 May Be Added to Fees	1000000132650	
TO. DITE NAME STREET ADDRESS CITY - ST- ZIP	OFFICERS AND DIRECT D PADULA, HARRY R 2100 N ANDREWS ÁVE EXT POMPANO BEACH, FL 33069	TORS		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
tirle name street adoress chy-st-eip	D WADSWORTH, WALTER 2100 N ANDREWS AVE EXT POMPANO BEACH, FL 33069					
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO NOT WRITE		
tirle name street address gify-st-zep				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST ZIP						
12. I hereby certify that the information supplied with this filling 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.						

ED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR