

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000010793

1. Entity Name
PHOENIX CONSTRUCTION ASSOCIATES, INC.



Principal Place of Business
13105 NW LEJUNE RD
MIAMI, FL 33054

Mailing Address
13105 NW LEJUNE RD
MIAMI, FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0811375

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARSLAN, CHARLES II
2325 LINCOLN AVENUE
MIAMI, FL 33133

Name *Arslan, Charles II*

Street Address (P.O. Box Number is Not Acceptable)

13000 SW 163 AVE

City *Pinecrest*

FL Zip Code *33165*

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PSTD Delete
NAME ARSLAN, CHARLES
STREET ADDRESS 2325 LINCOLN AVE
CITY-ST-ZIP MIAMI, FL 33133

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD Change Addition
NAME ARSLAN, CHARLES
STREET ADDRESS 13000 SW 163 AVE
CITY-ST-ZIP MIAMI, FL 33165

TITLE Change Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Aug 16, 2004 8:00 am
Secretary of State**

08-16-2004 90017 044 ***150.00

54068307



08042004 Chg-P CR2E034 (10/03)