

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-23-2004 90008 045 ***150.00

DOCUMENT # P98000062178

1. Entity Name
F & R SCAFFOLDS, INC.



Principal Place of Business
**2130 N.W. 7TH AVENUE
MIAMI, FL 33127**

Mailing Address
**2130 N.W. 7TH AVENUE
MIAMI, FL 33127**

94034656



02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0851828

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JORGE, ROSA G
2130 N.W. 7TH AVENUE
MIAMI, FL 33127**

**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 reinstating)

DATE

3/8/04

**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	P & director
NAME	JORGE, ROSA G
STREET ADDRESS	2130 N.W. 7TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	Treasurer
NAME	ACOSTA, JOSE FRANCISCO
STREET ADDRESS	2130 N.W. 7TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	Secretary & director
NAME	VERDEJA, MARIO J
STREET ADDRESS	2130 N.W. 7TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	Verdeja, Mario J. Sr. vice-president
NAME	Verdeja, Mario J. Sr.
STREET ADDRESS	2130 N.W. 7th Avenue
CITY-ST-ZIP	Miami, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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)(l), 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 #

3/8/04

305-448-1090