

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90319 005 ***150.00

DOCUMENT # P98000062178

1. Entity Name
F & R SCAFFOLDS, INC.



Principal Place of Business

~~2130 N.W. 7TH AVENUE~~ **2100 NW 8 Ave**
MIAMI, FL 33127

Mailing Address

~~2130 N.W. 7TH AVENUE~~ **2100 NW 8 Avenue**
MIAMI, FL 33127

14000496



04112005 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~~ **2100 NW 8 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JORGE, ROSA G
STREET ADDRESS ~~2130 N.W. 7TH AVENUE~~ **2100 NW 8 Avenue**
CITY-ST-ZIP MIAMI, FL 33127

TITLE T
NAME ACOSTA JOSE FRANCISCO
STREET ADDRESS ~~2130 N.W. 7TH AVENUE~~
CITY-ST-ZIP MIAMI, FL 33127

TITLE ~~SB~~ **Treasurer & Secretary**
NAME VERDEJA, MARIO J
STREET ADDRESS ~~2130 N.W. 7TH AVENUE~~ **2100 NW 8 Avenue**
CITY-ST-ZIP MIAMI, FL 33127

TITLE VP
NAME VEDEJA, MARICO J JR
STREET ADDRESS ~~2130 NW 7 AVE~~ **2100 NW 8 Avenue**
CITY-ST-ZIP MIAMI, FL 33127

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)(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 #

4/15/05 (305-970-1136)