2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000063498

1. Entity Name

RENCO CONSTRUCTION INC.



FILED
May 01, 2006 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

5901 N.W. 61 AVENUE PARKLAND, FL 33067 5901 N.W. 61 AVENUE PARKLAND, FL 33067



DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

65-0850746

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE TALL SERVICE

HUQ, NIZAMU 5901 N.W. 61 AVENUE PARKLAND, FL 33067

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the plans of registered agent. | urpose of changing its registere | d office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accep |
|---|--|--|---------------|--------------------------------|---|
| SIGNATURE Sgnature, typed or printed name of registered agent and tritle if applicable. (NOTE, Registered Agent signature require | | | | | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | Election Campaign Finance Trust Fund Contribution. | cing 🗆 | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIRECTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HUQ, NIZAMU 5901 N.W. 61 AVENUE PARKLAND, FL 33067 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HUQ, SYEDA 8901 N.W. 61 AVENUE PARKLAND, FL 33067 | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (

4-27-06

561-901-6789 Devizine Prope #