


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000063498</b> 1. Entity Name RENCO CONSTRUCTION INC.	
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04262007 No Chg-P CR2E034 (11/05)

Principal Place of Business 5901 N.W. 61 AVENUE PARKLAND, FL 33067	Mailing Address 5901 N.W. 61 AVENUE PARKLAND, FL 33067
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0850746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  HUQ, NIZAMU 5901 N.W. 61 AVENUE PARKLAND, FL 33067
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000745318 05/16/07-80022-020 150.00
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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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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:**  **4-26-07** **561 901-6789**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #