


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 17, 2005 8:00 am**  
**Secretary of State**

06-17-2005 90004 027 \*\*\*150.00

**DOCUMENT # P98000089441**

1. Entity Name  
**FERIC CONSTRUCTION CORP.**



Principal Place of Business      Mailing Address  
**477 MADISON AVE**      **477 MADISON AVE**  
**24TH FLOOR**      **24TH FLOOR**  
**NEW YORK, NY 10022**      **NEW YORK, NY 10022**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



05052005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**61-1334950**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GREENFIELD, MARVIN E**  
**1500 S. OCEAN BLVD., SUITE S-305**  
**BOCA RATON, FL 33432**

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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	COB	<input type="checkbox"/> Delete
NAME	GREENFIELD, MARVIN E	
STREET ADDRESS	477 MADISON AVE.-24TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, PAUL	
STREET ADDRESS	1 N.E. FIRST STREET, STE. 700	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, FELICIA	
STREET ADDRESS	254 EAST 68TH STREET APT 14A	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KARDOS, JUDITH	
STREET ADDRESS	477 MADISON AVE.-24TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GREENFIELD, BARBARA	
STREET ADDRESS	477 MADISON AVE.-24TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**       **6/13/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #