


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000015621</b> 1. Entity Name FRH CONSTRUCTION SERVICES, INC.	
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Principal Place of Business 515 S FLOWER ST FLOOR 4 LOS ANGELES, CA 90071	Mailing Address 800 DOUGLAS RD STE 770 MIAMI, FL 33134
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**DO NOT WRITE IN THIS SPACE**



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0902744	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	<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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000100137 03/31/04-80034-009 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TERPIN, KENNETH 260 S. BROAD ST., STE. 1500 PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIONISIO, JOHN 300 E. 42ND ST. NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENSPAN, ELISE 300 E. 42ND ST. NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SHIMODA, WESLEY 3250 WILSHIRE BLVD LOS ANGELES, CA 90010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NORONA, G.M. 800 DOUGLAS AVE STE 770 MIAMI, FL 33134
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)(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:**  **3/22/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #