2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 14, 2008 8:00 am Secretary of State DOCUMENT # P99000048275 1. Entity Name 05-14-2008 90020 049 \*\*\*150 00 P&LR CONSTRUCTION, INC. Principal Place of Business Mailing Address 2771 RIVERSIDE DR APT 510 POB 770085 POMPANO BEACH FL 33077-0085 POMPANO BEACH FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address RAM BLEWOOD Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEi Number Applied For City & State 65-0920683 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent LUM, PETER LEE 2771 RIVERSIDE DR APT 510 POMPANO BEACH FL 33065 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 the obligations of registered agent. Signature, typod or printed panadol registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Addition TITLE Delete NAME LUM, PETER LEE NAME BXP O BOX 770085 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33077-0085 CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition mte ☐ De ete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De ele Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davime Phone #

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