
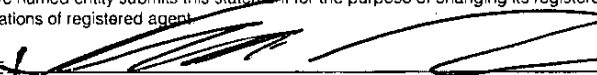
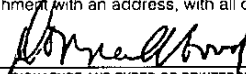


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90357 015 ***150.00

DOCUMENT # P99000069594					
1. Entity Name ABOOD & ASSOCIATES CONSTRUCTION, INC.					
Principal Place of Business %SILVER & GARVETT, P.A. 1110 BRICKELL AVENUE - PENTHOUSE ONE MIAMI, FL 33131		Mailing Address %SILVER & GARVETT, P.A. 1110 BRICKELL AVENUE - PENTHOUSE ONE MIAMI, FL 33131			
2. Principal Place of Business 18001 Old Cutler Road		3. Mailing Address same			
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc.			
City & State Miami, Florida		City & State		4. FEI Number 65-0949350	
Zip 33157		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVER, SCOTT A 1110 BRICKELL AVENUE - PENTHOUSE ONE MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18001 Old Cutler Road - Suite 600 City Miami FL Zip Code 33157		
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: 				DATE 03/07/06	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABOOD, DONNA %1110 BRICKELL AVE. - PENTHOUSE ONE MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18001 Old Cutler Road - Suite 600 Miami, Florida 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABOOD, JOSEPH 1110 BRICKELL AVE, PH1 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18001 Old Cutler Road - Suite 600 Miami, Florida 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Donna Abood, Director		Date 305-446-0011	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	