

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 Suite, Apt. #, etc. Suite 600 City & State Miami, Florida Zip 33157		3. Mailing Address same Suite, Apt. #, etc. City & State Zip Country USA			
4. FEI Number 65-0949350		Applied For <input type="checkbox"/> Not Applicable			
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 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 <input type="checkbox"/> Delete %1110 BRICKELL AVE. - PENTHOUSE ONE MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18001 Old Cutler Road - Suite 600 Miami, Florida 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABOOD, JOSEPH <input type="checkbox"/> Delete 1110 BRICKELL AVE. PH1 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18001 Old Cutler Road - Suite 600 Miami, Florida 33157	
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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	
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		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 305-446-0011 <small>Daytime Phone #</small>		