

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000085485

1. Entity Name
FIRST CONSTRUCTION CORP.



Principal Place of Business
**1925 BRICKELL AVENUE
D-506
MIAMI, FL 33129**

Mailing Address
**1925 BRICKELL AVENUE
D-506
MIAMI, FL 33129**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0960989

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAYEGH, NELSON
1925 BRICKELL AVENUE
D-506
MIAMI, FL 33129**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	SAYEGH, NELSON
STREET ADDRESS	1925 BRICKELL AVE UNIT D-506
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	V
NAME	SAYEGH, RICARDO E
STREET ADDRESS	1925 BRICKELL AVE., UNIT D-506
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	V
NAME	SAYEGH, NELSON E
STREET ADDRESS	1925 BRICKELL AVE., UNIT D-506
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	V
NAME	SAYEGH, ELIAS ANTONIO
STREET ADDRESS	1925 BRICKELL AVE UNIT D-506
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D
NAME	SAYEGH, MARIA
STREET ADDRESS	1925 BRICKELL AVE UNIT D-506
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000389617
01/20/06-80055-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #