

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # S20422

1. Entity Name
ABC CONSTRUCTION INC.



Principal Place of Business
POST OFFICE BOX 558087
MIAMI, FL 33255-5087

Mailing Address
POST OFFICE BOX 558087
MIAMI, FL 33255-5087

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0234721

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, JORGE
7280 NW 8 ST
MIAMI, FL 33126

**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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ, JORGE
STREET ADDRESS 5300 RIVIERA DR.
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE VD
NAME GONZALEZ, LILLIAN S
STREET ADDRESS 5300 RIVIERA DR.
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE
NAME
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01/10/05-80035-015 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Gonzalez / President

1/6/05 305-663-0322

Date

Daytime Phone #