2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S40550 1. Entity Name TREASURE CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

13350 ALEXANDIA DR OPA LOCKA, FL 33054 13350 ALEXANDIA DR OPA LOCKA, FL 33054

FILED Apr 15, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04042004		MO CHO-C	CH2E034 (10/03)			
4.	FEI Number			_	Applied For	
	85-04255	300	 		Not Applicat	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

NAZIH, CHAMOUN B 13350 ALEXANDRIA DR OPA LOCKA, FL 33054

SIGNATURE:

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 aignature required when reinstating) DATE										
	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	oing 🛮	\$5.00 May Be Added to Fees						
10.	OFFICER'S AND DIREC	CTORS			·					
title name street address city-st-zip	PSTD NAZIH, CHAMOUN B 13350 ALEXANDRIA DR OPA LOCKA, FL 33054				U00000113837					
Title Name Street Address City - St - Zip		_			04/15/04-80025-011 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
title name street address gity-st-zip										
12. I hereby certify that the information supplied with this filling 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 eath; 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.										