FILED Aug 17, 2004 8:00 am Secretary of State

2004 FU		II CORPOR	A I IUN
	ANNUA	L REPORT	

04-02-2004 90054 043 ***150 00 DOCUMENT # S41074 BEARING CONSTRUCTION & MANAGEMENT, INC. Principal Place of Business Mailing Address 66432103 C/O E. GINDI C/O E. GINDI 2108 N.E. 22ND TERRACE 2108 N.E. 22ND TERRACE FT, LAUDERDALE, FL 33305 FT. LAUDERDALE, FL 33305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08112004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0251644 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent alomon intrust for Elliot Girdi GINDI, ELLIOT Address (P.O. Box Number is Not Acceptable) 2108 N.E. 22ND TERRACE FT. LAUDERDALE, FL 33305 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PST TITLE ☐ Delete TITLE Addition GINDI, ELLIOT NAME NAME 2108 NE 22ND TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33305 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change noitibha [7] NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this birting down 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 the analysis and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or frustga 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 a factories with all other like empowered. SIGNATURE; SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

2004 FOR PROFIT CORPORATION ATTACHMENT

SIGNATURE:

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Principal Place	·	Mailing Address]	66432	103		
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2. Principal P	lace of Business	3. Mailing Address					200	mirror Sample	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				MOORE	CR2E034 (11/03)	
City & Stat	9	City & State				4. FEI Number 65-0251	644		plied For t Applicable
Zip	Country	Zip	Counti	Ŋ		5. Certificate of Status Desire		8.75 Addi	
	6. Name and Address of Currer	nt Registered Agent	1			7. Name and Address of Ne	w Registered Ag	ent	
ĠIN	DI, ELLIOT			Street Add	d S	aloman in Trust	for Ell	iot G	ind:
2108 N.E. 22ND TERRACE FT. LAUDERDALE FL 33305			į	1540	0 H	3.0. Box Number is Not Accept Trail	5+e35	. 0	
	,		-	City Do	- 11		Tx 弘	Zio Cod∈	
	e named entity submits this statement	for the purpose of changing its	registere					miliar with,	and accept
	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered age	and title if applicable. (NOTE	E: Registered	Agent signature	e required	when reinstating)	CATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550.0 k Payable to Florida Department					9. Etection Campaig Trust Fund Contril	· · ·		May Be to Fees
10		ID DIRECTORS	11.			ADDITIONS/CHANGES TO	OFFICERS AND E	DIRECTORS	S IN 11
TITLE	PST CINDLE FLUOT	· Delete	TITLE	1			[Change	☐ Addition
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NAME STREET ADDRESS	S						· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP				-ST-ZIP					· ————
12. I hereby indicate of the co	y certify that the information supplied ed on this report or supplemental repo orporation or the receiver or trustee e	with this filing does not qualify to int is true and accurate and that in mpowered to execute this reports as with all other life employeement	the exe my signa t as requi	mption state ture shall have red by Cha	ed in Se ave the pter 60	ection 119.07(3)(i), Florida Stati same legal effect as if made ur 7, Florida Statutes; and that my	utes. I further certifuder oath; that I am name appears in	y that the in n an officer Block 10 or	formation or director Block 11 if