2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2004 08:00 AM Secretary of State DOCUMENT # S56020 1. Entity Name BJR CONSTRUCTION CORPORATION Principal Place of Business Mailing Address 2211 NORTHEAST 54TH STREET 2211 NORTHEAST 54TH STREET FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 04052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0269316 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NANAYAKKARA, RANJIKA A. DO NOT WRITE 2211 NORTHEAST 54TH STREET FORT LAUDERDALE, FL 33308 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, Expedier printed name of registe ed agent and the diapplicable. (NOTE. Registered Agest aignature required when remataling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. nne NANAYAKKARA, RANJIKA A. STREET ADDRESS 2211 N.E. 54TH STREET CITY - ST - ZIP FORT LAUDERDALE, FL 1100000107092 04/09/04-80001-009 150.00 TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE 1 ALF STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE LAME STREET ADDRESS CITY-ST-ZIP TITLE

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: 2

STREET ADDRESS
CITY-ST ZIP
TRILE
NAME
STREET ADDRESS
CITY-ST ZIP

SIGNATURE AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 (954)771 - 0630 Dept. D

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