2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State
06-27-2005 90003 015 ***158.75

66025452

DOCUMENT # V60622

1. Entity Name
SHARP CONSTRUCTION INC.

Principal Place of Business	Mailing Address
1714 N.E. 149TH STREET NORTH MIAMI, FL 33181	P.O. BOX 61-0633 NORTH MIAMI, FL 33261 US

06022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0360519 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUSELL, J. 1712 N.E. 149TH STREET NORTH MIAMI, FL 33181	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: J Musell
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MUSELL, J. 1712 N.E. 149TH STREET NORTH MIAMI, FL 331811008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP S MUSELL, J 1712 NE 149 STREET MIAMI, FL 331811008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V P S T M U S E L L J 1712 N E 14 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOSTELAK, JOHN F 1710 NE 149 STREET MIAMI, FL 331811008	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: J Musell 7-1-05 6-21-05 (305)949-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

V60254S2

Division of Corporations

Annual Report

Annual Report Help

Document ~~Number~~
V60622
Business Entity Name
SHARP CONSTRUCTION INC.

☒ **After May 1st of each year, a late charge of $400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was ~~not received.~~** Box Checked

FEI Number	650360519			
FEI Number Status	Applied For	Not Applicable	Current	
Certificate of Status Desired	Yes	No	$8.75 each	
Election Campaign Financing Trust Fund Contribution	Yes	No		

Principal Place of Business

Address	1714 N.E. 149TH STREET
Suite, Apt. #, etc.	
City, State	NORTH MIAMI , FL
Zip Code & Country	33181

Mailing Address

Address	P.O. BOX 61-0633
Suite, Apt. #, etc.	
City, State	NORTH MIAMI , FL
Zip Code & Country	33261 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)	
-or- RA Business Name	MUSELL, J.
Address (PO Box is not acceptable)	1712 N.E. 149TH STREET
Suite, Apt. #, etc.	
City, State	NORTH MIAMI , FL
Zip Code & Country	33181 US

If there is a change in registered agent, the new agent will need to type their name

ATTACHMENT Q60254521-1

V60622

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature J Musell

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title	PT
Name (Last, First, Middle, Title)	MUSELL , J. , ,
-or- Entity Name	
Street Address	1712 N.E. 149TH STREET
City, State	NORTH MIAMI , FL
Zip Code & Country	331811008
Title	VP
Name (Last, First, Middle, Title)	MUSELL , J , ,
-or- Entity Name	
Street Address	1712 NE 149 STREET
City, State	MIAMI , FL
Zip Code & Country	331811008
Title	S
Name (Last, First, Middle, Title)	KOSTELAK , JOHN , E ,
-or- Entity Name	
Street Address	1710 NE 149 STREET
City, State	MIAMI , FL
Zip Code & Country	331811008
Title	S
Name (Last, First, Middle, Title)	MUSELL James , ,
-or- Entity Name	
Street Address	1710 N.E. 149 Street
City, State	North Miami , FL
Zip Code & Country	33181-1006

Remove

ADD

ATTACHMENT # 660254520

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title P-S

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset

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