


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # V64479 1. Entity Name 1781 BUILDING, INC.	
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Principal Place of Business 1781 SW 7TH AVE POMPANO BEACH FL	Mailing Address 1781 SW 7TH AVE POMPANO BEACH FL
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0375493	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RODRIGUEZ, MARTIN 1781 SW 7TH AVE POMPANO BEACH FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reconstituting)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARTIN
STREET ADDRESS	1781 SW 7TH AVE
CITY-ST-ZIP	POMPANO BCH FL
TITLE	DV <input type="checkbox"/> Delete
NAME	ROSEMAN, LARRY
STREET ADDRESS	2415 AUBURN LN
CITY-ST-ZIP	NORTHBROOK IL
TITLE	DS <input type="checkbox"/> Delete
NAME	ORTIZ, JULIO
STREET ADDRESS	872 SW 68TH AVE
CITY-ST-ZIP	N LAUDERDALE FL
TITLE	DT <input type="checkbox"/> Delete
NAME	MICHAELS, JOEL
STREET ADDRESS	1508 GRANT
CITY-ST-ZIP	NORTHBROOK IL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000897617
CITY-ST-ZIP	04/25/08-80056-001 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ *4-11-08* *954-784-7631*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #