2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V71070 1. Entity Name ZUCCARI CONSTRUCTION, INC.)	Secretary of		/1	
Principal Place of Business		Mailing Address			1	-			
4101 SW 141ST AVE MIRAMAR FL 33027		4101 SW 141ST AVE MIRAMAR FL 33027							
2. Pancipal F	Place of Business	3. Mailing Address							
Suste, Apt. #, etc		Suite, Apt #, etc.				MOORE CR2E034 (11/03)			
City & State		City & State			4. [FEI Number 65-0363484	 	plied For of Applicable	
Zıp	Country	Zip Ci		try	5. (Certificate of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent			7. 3	Name and Address of New Registere	d Agent		
				Name					
FASKE, GARRY C 11900 BISCAYNE BOULEVARD SUITE 616				Street Address (P.O. Box Number is Not Acceptable)					
NORTH MIAMI FL 33181				City			Zip Cod	e	
8. The above the obligat	named entity submits this statement follows of registered agent.	r the purpose of chang	ing its registere	ed office or registe	ered ag	gent, or both, in the State of Florida. La	m familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agont	and title if applicable	(NOTE, Rogistered	d Agent signature require	ed whon re	existating) DATE	·		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	O May Be to Fees	
10. OFFICERS AND DIRECTORS			11.		AD	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR:	5 IN 11	
TITLE	VPS ☐ Delete		TERLE	THE		DAAAAAAAAA	Change	Addition	
NAME STREET ADDRESS	ZUCCARI, ELLEN J 4101 SW 141 AVE			NAME STREET ADDRESS		000000037988 -02/06/04-80121	າກ <u>8 150 ກ</u>	iſſ	
CITY - ST - ZIP	MIRAMAR FL			CITY-ST-ZIP		orionio, comi	,00 100st	,0	
THILE	PT Delete		-	HILE			Change	Addition	
NAME STREET ADDRESS	ZUCCARI, GEORGE W 3 4101 SW 141 AVE		NAM	ET ADDRESS					
CITY-ST-ZIP	MIRAMAR FL			CITY-ST-ZIP					
TITLE	☐ Delete		-	TETLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME SIRE	ET ADDRESS					
CITY+ST-ZIP			-	-ST-ZIP					
TITLE	☐ Delete			THE			☐ Change	☐ Addition	
NAME Street address	RESS			name Street address		-			
CITY-ST-ZIP				-57-218			,		
INTE	☐ Defete			1			Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TULE		☐ Delete					☐ Change	Addition	
NAME STREET ADDRESS			NAMS SIBE	ET ADBRESS					
CITY-ST-ZIP				ST-ZIP					
40 11	cartify that the information available with	Al City of the second	 						

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12. Thereby 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:

SIGNATURE:

SIGNATURE AND TYPETOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR