2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V71977

1. Entity Name MKS CONSTRUCTION, INC.



US

Principal Place of Business

1803 EAST SAMPLE ROAD POMPANO BEACH, FL 33064 US Mailing Address

1803 EAST SAMPLE ROAD POMPANO BEACH, FL 33064 40000305

No Chg-P

FILED Jan 08, 2007 8:00 am Secretary of State

01-08-2007 90250 022 ***150.00

DO	NOT	WRITE	IN THIS	SPACE

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01042007 Applied For 4. FEI Number 65-0363199 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

CR2E034 (11/05)

Fee Required

6. Name and Address of Current Registered Agent

MICHAEL MCKNOUGHT-SMITH 1803 EAST SAMPLE ROAD POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

					
	named entity submits this statement for the pu ons of registered agent.	urpose of changing its registered of	fice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered Ager	nt signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS	•••		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKNOUGHT-SMITH, MICHAEL 1803 EAST SAMPLE ROAD POMPANO BEACH, FL 33064				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL MEKNOVENT. SMITM. OT

Date

954-941-0907

Dayture Phone #