

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-09-2004 90049 002 ***150.00

DOCUMENT # P02000054511
 1. Entity Name
FITON CONSTRUCTION MANAGEMENT AT AVENUE LOFTS, INCORPORATED



Principal Place of Business Mailing Address
P. O. BOX 30503 **P. O. BOX 30503**
FT. LAUDERDALE, FL 33303 **FT. LAUDERDALE, FL 33303**

00403650



01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3681970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROBLES, ANTONIO L
~~**6556 N.W. 87TH AVENUE**~~
~~**PARKLAND, FL 33067**~~
8500 N.W. 35TH STREET, TOWNHOUSE #2
CORAL SPRINGS, FL 33065

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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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROBLES, LESBOR A PO BOX 30503 FORT LAUDERDALE, FL 33303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROBLES, RODOLFO E PO BOX 30503 FORT LAUDERDALE, FL 33303
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *L. Antonio Robles* **L. ANTONIO ROBLES, PRESIDENT** 3/8/04 954-523-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #