


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90001 031 ***150.00

DOCUMENT # P02000054511			
1. Entity Name FITON CONSTRUCTION MANAGEMENT AT AVENUE LOFTS, INCORPORATED			
Principal Place of Business P. O. BOX 30503 FT. LAUDERDALE, FL 33303		Mailing Address P. O. BOX 30503 FT. LAUDERDALE, FL 33303	
2. Principal Place of Business P.O. Box 293036 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 293036 Suite, Apt. #, etc.	
City & State DAVIE, FLORIDA Zip 33329-3036 Country U.S.A.		City & State DAVIE, FLORIDA Zip 33329-3036 Country U.S.A.	
4. FEI Number 04-3681970		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		7. Name and Address of New Registered Agent	
ROBLES, ANTONIO L 8500 NW 35TH STREET TOWNHOUSE # 2 CORAL SPRINGS, FL 33065		Name ROBLES, L. ANTONIO Street Address (P.O. Box Number is Not Acceptable) 5337 S.W. 45TH STREET City DAVIE, FL Zip Code 33314-3815	
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: <i>L. ANTONIO ROBLES, PRESIDENT</i>		DATE: 1/10/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ROBLES, LESBOR A PO BOX 30503 FORT LAUDERDALE, FL 33303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROBLES, L. ANTONIO P.O. BOX 293036 DAVIE, FL 33329-3036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROBLES, RODOLFO E PO BOX 30503 FORT LAUDERDALE, FL 33303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROBLES, RODOLFO E P.O. BOX 293036 DAVIE, FL 33329-3036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.			
SIGNATURE: <i>L. ANTONIO ROBLES, PRESIDENT</i>		DATE: 1/10/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 954-581-9300	