

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90029 031 ***150.00

DOCUMENT # P03000019252

1. Entity Name

IA CONSTRUCTION SERVICES, INC.



Principal Place of Business

12527 66ST NORTH
 ROYAL PALM BEACH FL 33412

Mailing Address

12527 66ST NORTH
 ROYAL PALM BEACH FL 33412

2. Principal Place of Business

IA Const Service

Suite, Apt. #, etc.
 12527 66 St North

City & State
 Royal Palm Beach FL

Zip
 33412

Country

3. Mailing Address

IA Const

Suite, Apt. #, etc.
 P.O. Box 846

City & State
 Loxahatchee FL

Zip
 33470

Country
 Palm Beach



MOORE

CR2E034 (11/03)

4. FEI Number

54-209-8234

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASARIEGO, LLIANA
 12527 66ST NORTH
 ROYAL PALM BEACH FL 33412

7. Name and Address of New Registered Agent

Name
 Manny Zaia

Street Address (P.O. Box Number is Not Acceptable)

100 SE 2ND ST # 2350

City
 Miami

FL

Zip Code
 33131

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

M Zaia

2-14-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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
 Angelo Casariego Delete
 532 SE Seahouse DR
 Port St Lucie FL President

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Secretary
 Treasurer

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

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 CITY-ST-ZIP
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 CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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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:

Angelo Casariego President

2-11-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #