


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90002 019 ***150.00

DOCUMENT # S37171

1. Entity Name
S & A CONTRACTORS, INC.



Principal Place of Business
S & A CONTRACTORS
5501 SW 164TH TERRACE
FT LAUDERDALE, FL 33331 US

Mailing Address
S & A CONTRACTORS INC
5501 SW 164 TERRACE
FT LAUDERDALE, FL 33331 US

54055632



03132003 Chg-P CR2E034 (10/03)

2. Principal Place of Business
5780 SW 25 ST
 Suite/Apt. #, etc.
#3

3. Mailing Address
5780 SW 25 ST
 Suite/Apt. #, etc.
#3

City & State
HOLLYWOOD FLA
FLORIDA

Zip Country
33023 USA

City & State
HOLLYWOOD FLORIDA

Zip Country
33023 USA

4. FEI Number
65-0265103

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~SHUPE, DAVID D.~~
~~5501 SW 164TH TERRACE~~
~~FT LAUDERDALE, FL 33331~~

7. Name and Address of New Registered Agent

Name
SHUPE DAVID D

Street Address (P.O. Box Number is Not Acceptable)
5780 SW 25 ST UNIT #3

City State Zip Code
HOLLYWOOD FL 33023

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 *David D Shupe* DATE 5/24/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHUPE, DAVID 5501 SW,164TH TERRACE FT LAUDERDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHUPE DAVID 5780 SW 25 ST UNIT #3 HOLLYWOOD FL 33023 <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 an address, with all other like empowered.

SIGNATURE: *David D Shupe* **DAVID D SHUPE** 5/24/04 (954)981-9807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #