


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 413901
1. Entity Name
NEVETTE CONSTRUCTION CORP.



Principal Place of Business: 9192 CORAL WAY, SUITE 201, MIAMI, FL 33165
Mailing Address: 9192 CORAL WAY, SUITE 201, MIAMI, FL 33165 US



DO NOT WRITE IN THIS SPACE

03222005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-1520894
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
CABALLERO, MARCIA B.
9192 CORAL WAY
SUITE 201
MIAMI, FL 33165

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IN THIS SPACE**

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 _____
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, 2005 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	PD GONZALEZ, NESTOR 350 S.W. 124 AVE. MIAMI, FL 33164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CABALLERO, MARCIA B 9192 CORAL WAY, SUITE 201 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, NESTOR 350 S.W. 124 AVE. MIAMI, FL
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04/07/05-80004-003 150.00

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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)(f), 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: Nestor Gonzalez Nestor Gonzalez 3-28-05 305226194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #