

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 457382

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: DAMIR CONSTRUCTION CORPORATION

**Current Principal Place of Business:**

13940 SW 136 ST. #100  
MIAMI, FL 331865543

**New Principal Place of Business:**

**Current Mailing Address:**

13940 SW 136 ST. #100  
MIAMI, FL 331865543

**New Mailing Address:**

FEI Number: 59-1551900      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BENITEZ, VICTOR  
12191 SW 92ND AVE  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: TS ( ) Delete  
Name: DUART, CARLOS  
Address: 14491 SW 161 ST  
City-St-Zip: MIAMI, FL 33177

Title: PD ( ) Delete  
Name: BENITEZ, VICTOR M  
Address: 12191 SW 92ND AVE  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS A. DUART

T/S

01/12/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date