


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # K01538

1. Entity Name
ICA CONSTRUCTION CORPORATION



Principal Place of Business
2655 LEJEUNE ROAD
STE 120
CORAL GABLES, FL 33134 US

Mailing Address
908 TOWN & COUNTRY BLVD
#120
HOUSTON, TX 77024 US



06292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0071720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALE, MICHAEL H.
3250 MARY ST
SUITE 303
MIAMI, FL 33133

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating)

U00000572029
~~07/25/06-80014-002 150.00~~
 DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEPULVEDA, BERNARDO 2655 LEJEUNE RD, 1000 CORAL GABLES FL, 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, ANTONIO 2655 LEJEUNE RD, 1000 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MONTANO, SERGIO 2655 LEJEUNE RD, 1000 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VIDAL, ULISES 1424 W SAM HOUSTON STE 180 HOUSTON, TX 77043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUERRERO, JOSE L 2655 LEJEUNE RD, 1000 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SERINA, QUIRICO 2655 LEJEUNE RD, 1000 CORAL GABLES, FL 33134

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ambio Hernandez* **7-19-06** **(713)984 7628**

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