


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-08-2006 90202 001 ***317.50

DOCUMENT # L11415
 1. Entity Name
 ZURQUI CONSTRUCTION SERVICE, INC.



Principal Place of Business
 9755 SW 40TH TERR.
 MIAMI, FL 33165 US

Mailing Address
 9755 SW 40TH TERR.
 UNIT 102-D
 MIAMI, FL 33165 US

66008371



02222006 No Chg-P CR2E034 (11/05)

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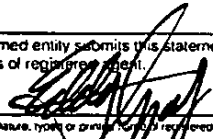
4. FEI Number
 65-0139632 -- Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GONZALEZ, EDDY, JR
 9755 SW 40TH TERR.
 MIAMI, FL 33165

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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:  DATE: 2/24/06

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

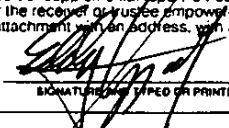
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, EDDY, JR 9755 SW 40TH TERR. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GONZALEZ, ANA 9755 SW 40TH TERR. MIAMI, FL 33165
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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:  DATE: _____ Daytime Phone: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR