


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90189 039 ***150.00

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|---|---|--|---|
| DOCUMENT # P02000032326 | |  | |
| 1. Entity Name M. A. CONSTRUCTION GROUP, INC. | | | |
| Principal Place of Business 9706 N.W. 127TH TERRACE HIALEAH GARDENS, FL 33018 | | Mailing Address 9706 N.W. 127TH TERRACE HIALEAH GARDENS, FL 33018 | |
| 2. Principal Place of Business 8483 Garden Road Suite, Apt. #, etc. | | 3. Mailing Address 8483 Garden Road Suite, Apt. #, etc. | |
| City & State Ft. Myers, FL | | City & State Ft. Myers | |
| Zip 33912 | | Country Lee | |
| 4. FEI Number 01-0667097 | | 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 MURILLO, MIGUEL 9706 N.W. 127TH TERRACE HIALEAH GARDENS, FL 33018 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8483 Garden Road City Ft Myers FL Zip 33912 | |
| 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) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MURILLO, MIGUEL 9706 N.W. 127TH TERRACE HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 8483 Garden Road Ft Myers, FL 33912 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ZELAYA, ALBA 9706 N.W. 127TH TERRACE HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 8483 Garden Road Ft. Myers, FL 33912 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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: _____ | | Date: 3/11/05 Daytime Phone #: (954) 829-1706 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

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03122005 Chg-P CR2E034 (10/03)