FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91783 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000037551

1. Entity Name
ESRA CONSTRUCTION GROUP INC.

DO NOT WRITE IN THIS SPACE

11041515

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17555 Collins Av.	17555 Collins Av.
Suite, Apt. #, etc. Apt. # 702	Suite, Apt. #, etc. Apt. # 702
City & State Sunny Isles, Florida	City & State Sunny Isles, Florida
Zip 33160 / Country U.S.A	Zip 33160 / Country U.S.A

4. FEI Number 35-2203461 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ELI RAHAMIM LEVY

Street Address (P.O. Box Number is Not Acceptable) 17555 Collins Av. Apt # 702

Sunny Isles, Florida

City Sunny Isles FL Zip Code 33160

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
President ELI RAHAMIM LEVY 17555 Collins Av, Apt# 702 Sunny, Isles Florida 33160	
Vicepresident Victoria Cojab de Rahamim 17555 Collins Av. Apt# 702 Sunny, Isles Florida 33160	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ April-28-03 (305) 466-9472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #