
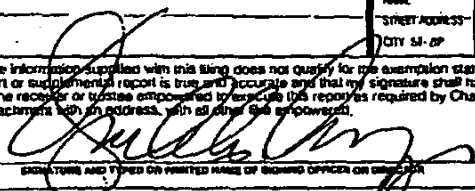


FILED
Feb 18, 2005 8:00 am
Secretary of State

01-21-2005 90042 047 *****8.95
 02-18-2005 90051 038 ***141.05

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000050092			
1. Entity Name CONSTOA, INC.			
Principal Place of Business 13431 SW 28TH STREET MIAMI, FL 33175-7176		Mailing Address 13431 SW 28TH STREET MIAMI, FL 33175-7176	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent CARRIAZO, OSVALDO 13431 SW 28TH STREET MIAMI, FL 33175-7176		7. Name and Address of New Registered Agent	
Name		Name	
Current Address (P.O. Box Number is Not Acceptable)		Current Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
9. 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: _____			
FILE NOW! FREE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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 CARRIAZO, OSVALDO 13431 SW 28TH STREET MIAMI, FL 331757176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	STD CARRIAZO, ARLENE C 13431 SW 28TH STREET MIAMI, FL 331757176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP VILORIA, JOSE ANTONIO 13935 SW 52 TERR MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(g), 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 fees empowered.			
SIGNATURE: 		Date: 1-17-05	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date	

50017260



01132005 Chg-P CR2E034 (10/03)

4. FEI Number **03-0438672** Applied For No. Applicable

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