

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90057 024 \*\*\*150.00

**DOCUMENT # P02000084544**

1. Entity Name

AFH CONSTRUCTION, INC.



Principal Place of Business

299 ALHAMBRO CIRCLE  
# 402  
CORAL GABLES FL 33134

Mailing Address

299 ALHAMBRO CIRCLE  
# 402  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

32-0023231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FULGUERA, JOSE  
299 ALHAMBRO CIRCLE  
STE 402  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Jose Luis Fulgueira

Street Address (P.O. Box Number is Not Acceptable)

255 ALHAMBRA CIRCLE STE 424

City

CORAL GABLES

FL

Zip Code

33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01-25-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME LLOGUNO, MAIDA  
STREET ADDRESS 13942 SW 153 TERRACE  
CITY-ST-ZIP MIAMI FL 33177

TITLE SV ☒ Delete  
NAME FULGUEIRA, JOSE  
STREET ADDRESS 13942 SW 153 TERRACE  
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Change ☐ Addition  
NAME FULGUEIRA JOSE  
STREET ADDRESS 255 ALHAMBRA CIRCLE S/424  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE SV ☒ Change ☐ Addition  
NAME LLAGUNO MAIDA  
STREET ADDRESS 255 ALHAMBRA CIRCLE S/424  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-25-04