

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000128444 1. Entity Name AMERICUS CONSTRUCTION GROUP, INC.	
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Principal Place of Business 300 SERVILLA AVENUE 304 MIAMI, FL 33134	Mailing Address 6740 ROYAL PALM DRIVE MIAMI, FL 33157
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03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1166915	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FERNANDEZ, SONIA 6740 ROYAL PALM DRIVE MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE

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 file if applicable (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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, SONIA 6740 ROYAL PALM DRIVE MIAMI, FL 33157
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1190000278458 03/25/05-80041-007 158.75 DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Sonia Fernandez, Pres. 3/21/05 305-648-0994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #