2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 13, 2005 8:00 am Secretary of State 04-13-2005 90059 009 ***150 00 DOCUMENT # P04000072535 R.N.J.C. CONSTRUCTION, CORP. Principal Place of Business Mailing Address 40055461 1710 NW 7TH ST., STE. 201 1710 NW 7TH ST., STE. 201 MIAMI, FL 33125 MIAMI, FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102005 Cho-P CR2E034 (10/03) 4. FEI Number 2 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CERNA, J. NIEVES Street Address (P.O. Box Number is Not Acceptable) 1710 NW 7TH ST., STE. 201 MIAMI, FL 33125 Zip Code City 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 SIGNATURE. me of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) , typed or p 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. , TITLE ·PV Delete TITLE ☐ Change ☐ Addition CERNA, J. NIEVES NAME NAME 1710 NW 7TH ST., STE. 201 STREET ADDRESS STREET ADDRESS MIAMI, FL 33125 CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS - CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone 4