


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000171098
 1. Entity Name
GENERAL MASONRY CONSTRUCTION, INC.



Principal Place of Business 10941 SW 102 CT. MIAMI, FL 33176	Mailing Address 10941 SW 102 CT. MIAMI, FL 33176
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01292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0004983	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAPOTE, EDUARDO J
 10941 SW 102 CT.
 MIAMI, FL, FL 33176

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 _____ (NOTE: Registered Agent signature required when resending) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAPOTE, EDUARDO J 10941 SW 102 CT. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPOTE, EDUARDO J JR 10941 SW 102 CT. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CAPOTE, MIRIAM 10941 SW 102 CT. MIAMI, FL 33176
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 02/11/06-80049-014 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Miriam Capote 1/29/06 305-273-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #