2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90064 004 ***150.00

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DOCUMENT # P05000084329

1. Entity Name
FERMAR CONSTRUCTION CORP

Principal Place of Business	Mailing Address
9371 FONTAINBLEAU BLVD. APT. I-204 MIAMI, FL 33172	P.O. BOX 226965 MIAMI, FL 33122

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
660 NW 114 Avenue		660 NW 114 Avenue	
Suite, Apt. #, etc.: 102		Suite, Apt. #, etc.: 102	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33172	Country: USA	Zip: 33172	Country: USA

4. FEI Number: 20-3031429 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABBONA, FERNANDO L
9371 FONTAINBLEAU BLVD.
APT. I-204
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 660 NW 114 Avenue #102
City: Miami FL Zip Code: 33172

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P ABBONA, FERNANDO L 9371 FONTAINBLEAU BLVD., APT. I-204 MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST 660 NW 114 Avenue #102 Miami, FL 33172	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COBOLLI, FIORELLA P.O. BOX 227354 MIAMI, FL 33122	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] Fernando Abbona 04/11/07 786-346-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #