2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123912

10808 NW 51 TRAIL

MIAMI, FL 33178 US

Address: City-St-Zip: FILED Feb 17, 2009 Secretary of State

Entity Name: CONTECON URBAR INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
203	6TH AVENUE				
DORAL, FL			Nove 84 - 112 A - Labor	_	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2250 NW 96TH AVENUE 203					
DORAL, FI	_ 33172 US				
FEI Number:	20-3536422	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LSP ASSOCIATES, INC 13170 SW 128TH STREET 206				ACCOUNTSNT'S FAMILY 14335 SW 120 STREET	
MIAMI, FL 33186 US			MIAMI, FL 33186 US	100	
The above in the State		ubmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: SANDRA LONDONO				02/17/2009	
	Electron	ic Signature of Registered Agen	t	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SOLER, EFRAIN 3526 TORREMO MIAMI, FL 3317	DLINAS AVE	Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	S () FEGHALI, CESA 5701 SUNSET I MIAMI, FL 3314	RIVE # 212	Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name:	T () CAMESELLE, J	Delete OAQUIN	Title: (Name:	C) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: EFRAIN SOLER PD 02/17/2009