2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State
03-12-2008 90023 009 ***150.00

DOCUMENT # P06000025981

1. Entity Name
MASTER BUILDERS CONSTRUCTION & REMODELING, INCORPORATED

40043310

03082008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
8355 S.W. 39 ST MIAMI, FL 33155	8355 S.W. 39 ST MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box #: 7955 S.W 11 St.
Suite, Apt. #, etc:
City & State: Miami FL
Zip: 33144 Country: USA

3. Mailing Address: 7955 S.W 11 St.
Suite, Apt. #, etc.:
City & State: Miami FL
Zip: 33144 Country: USA

4. FEI Number: 20-4370541 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ALFONSO, RAUL
8355 S.W. 39 ST
MIAMI, FL 33155

7. Name and Address of New Registered Agent
Name: RAUL ALFONSO
Street Address (P.O. Box Number is Not Acceptable): 7955 S.W. 11 St.
City: Miami FL Zip Code: 33144

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] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3/8/08

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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: P NAME: ALFONSO, RAUL STREET ADDRESS: 3518 SW 65 AVE. CITY-ST-ZIP: MIAMI, FL 33155	☐ Delete	TITLE: President NAME: RAUL ALFONSO STREET ADDRESS: 7955 S.W. 11 St. CITY-ST-ZIP: Miami FL 33144	☑ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: Vice President NAME: TANIA E. HERNANDEZ STREET ADDRESS: 7955 S.W. 11 St. CITY-ST-ZIP: Miami FL 33144	☐ Change ☑ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/8/08 Daytime Phone #: 786 499 8412