


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90021 006 ***150.00

DOCUMENT # P14095

1. Entity Name
CONSTRUCTA U.S., INC.



Principal Place of Business 1501 COLLINS AVE 3RD FLOOR MIAMI BEACH, FL 33139 US	Mailing Address 1501 COLLINS AVE 3RD FLOOR MIAMI BEACH, FL 33139 US
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50003786



2. Principal Place of Business <i>701 Brickell Ave</i>	3. Mailing Address <i>701 Brickell Ave.</i>
Suite, Apt. #, etc. <i>1460</i>	Suite, Apt. #, etc. <i>1460</i>

03152006 Chg-P CR2E034 (11/05)

City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>	4. FEI Number 52-1482952	Applied For Not Applicable
Zip <i>33131</i>	Country <i>USA</i>	Zip <i>33131</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROBINSON, MILTON
 701 BRICKELL AVE
 STE 1460
 MIAMI, FL 33131


7. Name and Address of New Registered Agent

Name *JACQUES BARBERA*

Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue Suite 1460

City *Miami* State **FL** Zip Code *33131*

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  *Jacques Barbera, President* *3/15/2006*

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, 2006 Fee will be \$550.00

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

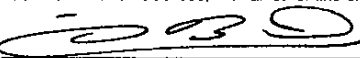
10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	JACQUES, BARBARA
STREET ADDRESS	1501 COLLINS AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	P <input type="checkbox"/> Delete
NAME	PIETRI, MARC
STREET ADDRESS	1501 COLLINS AVE 3RD FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  *JACQUES BARBERA, PRESIDENT* *3/15/06* *305-538-0135*

Signature and typed or printed name of signing officer or director Date Daytime Phone #