


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P14095 1. Entity Name CONSTRUCTA U.S., INC.	
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Principal Place of Business 701 BRICKELL AVE 1460 MIAMI, FL 33131 US	Mailing Address 701 BRICKELL AVE 1460 MIAMI, FL 33131 US
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01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1482952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBERA, JACQUES
 701 BRICKELL AVE
 STE 1460
 MIAMI, FL 33131

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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 reinstating) DATE _____

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

TITLE	P
NAME	JACQUES, BARBARA
STREET ADDRESS	1501 COLLINS AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	P
NAME	PIETRI, MARC
STREET ADDRESS	1501 COLLINS AVE 3RD FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/07/08-80031-022 150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #