2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # P94000072496 1. Entity Name ALCONSTRUCTION OF MIAMI INC. Principal Place of Business Mailing Address 11745 S.W. 132ND COURT 11745 S.W. 132ND COURT MIAMI FL 33186-4449 MIAMI FL 33186-4449 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0528584 Not Applicable ďρ Zip Country Country \$8.75 Additional Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAICEDO, ALDEMAR Street Address (P.O. Box Number is Not Acceptable) 11745 S.W. 132ND COURT MIAMI FL 33186 Zip Code 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 1 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ICILE Delete TITLE Addition 🔲 ☐ Change CAICEDO, ALDEMAR NAME NAME 11745 S.W. 132ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33183-4449 CITY-ST-ZIP THILE ☐ Change ☐ Addition TITLE Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Defete THE Change Addition NAME NAME 04/04/05-80083-007 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THE IUUE☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete THE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

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