


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000098823

1. Entity Name
CONSTRUCTORA LIMONAR, INC.



| | |
|---|---|
| Principal Place of Business 260 CRANDON BLVD SUITE 26C KEY BISCAYNE, FL 33149 | Mailing Address 260 CRANDON BLVD SUITE 26C KEY BISCAYNE, FL 33149 |
|---|---|

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|---|
| 4. FEI Number 65-0794663 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CORDOBA GOOD, MARIA C
 260 CRANDON BLVD #26
 KEY BISCAYNE, FL 33149**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

000000595514
 01/23/07-80042-014 158.75

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS CORDOBA, ALFONSO 260 CRANDON BLVD STE 26C KEY BISCAYNE, FL 33149 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT CORDOBA GOOD, MARIA C 260 CRANDON BLVD STE 26C KEY BISCAYNE, FL 33149 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GOOD, SIDNEY S 260 CRANDON BLVD. STE 26 KEY BISCAYNE, FL 33149 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CORDOBA, CECILIA 260 CRANDON BLVD. STE 26 KEY BISCAYNE, FL 33149 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: MARIA C. CORDOBA GOOD, V.P./T. **01/16/2007 (305) 361-9800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #