

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90041 032 ***158.75

DOCUMENT # P97000098823

1. Entity Name
CONSTRUCTORA LIMONAR, INC.



Principal Place of Business Mailing Address

260 CRANDON BLVD **260 CRANDON BLVD**
SUITE 26C **SUITE 26C**
KEY BISCAYNE, FL 33149 **KEY BISCAYNE, FL 33149**

40014219



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01252008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-0794663 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORDOBA GOOD, MARIA C 260 CRANDON BLVD #26 KEY BISCAYNE, FL 33149		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. 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, 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	PS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDOBA, ALFONSO			NAME			
STREET ADDRESS	260 CRANDON BLVD STE 26C			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE, FL 33149			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDOBA GOOD, MARIA C			NAME			
STREET ADDRESS	260 CRANDON BLVD STE 26C			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE, FL 33149			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOOD, SIDNEY S			NAME			
STREET ADDRESS	260 CRANDON BLVD. STE 26			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE, FL 33149			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDOBA, CECILIA			NAME			
STREET ADDRESS	260 CRANDON BLVD. STE 26			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE, FL 33149			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 approved.

SIGNATURE: MARIA C. CORDOBA GOOD, V.T., 01/26/2008 (305) 361-9800

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