


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90334 048 \*\*\*150.00

**DOCUMENT # P02000084544**  
 1. Entity Name  
**AFH CONSTRUCTION, INC.**



Principal Place of Business      Mailing Address  
 16935 SW 84 CT      16935 SW 84 CT  
 MIAMI FL 33157      MIAMI FL 33157

**24047133**



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
**299 ALHAMBRA CIRCLE**      **299 ALHAMBRA CIRCLE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**402**      **402**

City & State      City & State  
**CORAL GABLES**      **CORAL GABLES**

4. FEI Number      Applied For  
**32-0023231**      Not Applicable

Zip      Country      Zip      Country  
**33134**      **USA**      **33134**      **USA**

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

6. Name and Address of Current Registered Agent  
**POZO, MARIA G**  
**16935 SW 84 CT**  
**MIAMI FL 33157**

7. Name and Address of New Registered Agent  
 Name **Jose-L Fulgueira**  
 Street Address (P.O. Box Number is Not Acceptable)  
**299 ALHAMBRA CIRCLE SUITE 402**  
 City **CORAL GABLES**      **FL**      Zip Code **33134**

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 \_\_\_\_\_  
 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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PINO, MARIO	
STREET ADDRESS	13942 SW 153 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	SV	<input type="checkbox"/> Delete
NAME	FULGUEIRA, JOSE	
STREET ADDRESS	13942 SW 153 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ILAGUNO, MAIDA	
STREET ADDRESS	13942 SW 153 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
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 checked="" type="checkbox"/> Addition
NAME	MAIDA ILAGUNO	
STREET ADDRESS	13942 SW 153 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33177	
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 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.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date **04-19-04**      Daytime Phone # **(786) 4024981**