


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90057 024 ***150.00

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



Principal Place of Business Mailing Address
299 ALHAMBRO CIRCLE **299 ALHAMBRO CIRCLE**
402 **# 402**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)


4. FEI Number Applied For
32-0023231 Not Applicable

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

6. Name and Address of Current Registered Agent
FULGUERA, JOSE
299 AMHAMBRO CIRCLE
STE 402
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **Jose Luu Fulqueira**
 Street Address (P.O. Box Number is Not Acceptable)
255 ALHAMBRA CIRCLE STE 42A
 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  DATE **01-25-04**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LLOGUNO, MAIDA	
STREET ADDRESS	13942 SW 153 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	FULGUEIRA, JOSE	
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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULGUEIRA JOSE	
STREET ADDRESS	255 ALHAMBRA CIRCLE S/42A	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOGUNO MAIDA	
STREET ADDRESS	255 ALHAMBRA CIRCLE S/42A	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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:  Date **01-25-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #