

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 387330**

1. Entity Name  
ALMERIA INTERNATIONAL CONSTRUCTION CO.



Principal Place of Business  
201 SEVILLA AVENUE, SUITE 301  
CORAL GABLES, FL 33134

Mailing Address  
201 SEVILLA AVENUE, SUITE 301  
CORAL GABLES, FL 33134



04252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1360909

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PAGES, MARIO A  
201 SEVILLA AVENUE  
SUITE 301  
CORAL GABLES, FL 33134

**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

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	CARVAJAL, LEONARDO
STREET ADDRESS	201 SEVILLA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	P
NAME	PAGES, MARIO A
STREET ADDRESS	201 SEVILLA AVENUE, SUITE 301
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	PAGES, ROBERTO
STREET ADDRESS	201 SEVILLA AVENUE #301
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/22/07-80004-013 150.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario A. Pages

4-25-07

305.4438665

Date

Daytime Phone #