2008 FOR PROFIT CORPORATION

FILED Apr 29, 2008 8:00 am Secretary of State

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| ANNUAL REPURI | | | | | | | | - | | |
|--|--|--|-----------------------------|--|---------------|------------------------|---|-------------|-------------------|-----------------|
| DOCUMENT # 389713 1. Entity Name KISSIMMEE CONSTRUCTION CORPORATION | | | | | | 2 W | 04-29-2008 | 90084 0 | 49 ***15 | 58.75 |
| Principal Plac | e of Business | Mailing Address | | | _ | | | | | |
| 201 ALHAME | Bra cir | 201 ALHAMBRA CIR | | | | | | | | |
| 12TH FLR | | 12TH FLR | 12TH FLR | | | | . • | | | |
| CORAL GABLES, FL 33134-5102 | | CORAL GABLES, FL 331 | CORAL GABLES, FL 33134-5102 | | · 1 | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | . Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 04012008 | Chg-P | CR2E03 | 4 (12/06) | |
| City & State | | City & State | City & State | | + | 4. FEI Number 59-1362 | | | | plied For |
| Zip | Country | Zip | Country | | | | of Status Desired | | 8.75 Add | |
| - | 6. Name and Address of Current | Registered Agent | | | i | | Address of New Ro | | ee Require | d |
| | U. Name and Address of Current | Vadistelen Adelit | | Name | | 7. Inditio allo / | Addition of the last | ogistored A | 90 | |
| | N, JUANITA I. | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 201 ALHAI 12TH FLR | _ | | L | Street Add | iress (P. | .O. Box Numbe | IS NOT ACCEPTABLE | , | | |
| | ABLES, FL 33134 | | | | | | | | | |
| | | | ŀ | City | | | | FL | Zip Cod | e |
| 8. The above | named entity submits this statement for | the numose of changing its r | renistere | d office or re | onistere | d agent, or both | in the State of Flo | | l miliar with. | and accept |
| 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 r | required w | rhen reinstating) | | DATE | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0 | Election Campaig Trust Fund Contri | | oing | \$5.0 Adde | 00 May Be d to Fees | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | | ADDITIONS/ | CHANGES TO OFFI | CERS AND | DIRECTOR | |
| TITLE | SD KERRICAN HIANITA I | ☐ Defete | TITLE | İ | | | | | Change | ☐ Addition |
| NAME STREET ADDRESS | KERRIGAN, JUANITA I. 201 ALHAMBRA CIR- 12TH FLR | | NAME STREET | T ADDRESS | | | | | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | | CITY-ST-ZIP | | | | | | | |
| TITLE | V | ⊠ Delete | TITLE | | | | | | ☐ Change | Addition |
| NAME | JOHNS, DAVID F. | | NAME | t t | | | | | | |
| STREET ADORESS CITY-ST-ZIP | 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134 | | | ADORESS T. 7IP | | | | | | |
| TITLE | PD | 5 1 0 | | TLE PC | | | | | Change | Addition |
| NAME | GETMAN, DENNIS J. | 🔀 Delete | TITLE NAME | | Le | 14. MI | CHAGL | | Cuanta | Audittoti |
| STREET ADDRESS | | | STREE | T ADDRESS . | 20/ | Arusa | CHAGL MBRA CI | INCLE | , 12 F | -د |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | | CITY-S | ST-ZIP | <u>ص</u> | RAL CO | MCGS, F | 2 33 | 134 | |
| TITLE | TVD | Delete | TITLE | | YTD | | 2 | | ☐ Change | Addition |
| NAME STREET ADDRESS | MCNAIRY, CHARLES 201 ALHAMBRA CIR- 12TH FLR | | NAME | T ADDRESS | KOT | ren I | ubra Ci | . /2 | FL | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | | | ST-ZIP | Co | NAL G | aples : | | 3/34 | |
| TITLE | V | □ Delete | TITLE | | | <i>,</i> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ☐ Change | ☐ Addition |
| NAME | FLETCHER, PATRICIA K | _ | NAME | | | | | | | |
| STREET ADDRESS | 201 ALHAMBRA CIR | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | · | | \$T-ZIP | | | | | <u>П</u> 0 | - Addition |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | SI-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 empowered. | | | | | | | | | | |

SIGNATURE: BY: Survita & Kungan Secretary 4/18/08 (305) 442-7000

BIGHATURE: BY: SURVITA OFFICER OFFICER OFFICEROR

Delia Deli