



FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 397195 1. Entity Name SYMAR CONSTRUCTION, INC.			
Principal Place of Business 2120 S.W. 3RD ST. APT 2 MIAMI, FL 33135		Mailing Address 2120 S.W. 3RD ST. APT 2 MIAMI, FL 33135	
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>			
		<div style="text-align: center;"></div> <div>02122004 No Chg-P CR2E034 (10/03)</div>	
		4. FEI Number 59-1437249	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
HERCE, ANA M. 10081 SW 98 AVE MIAMI, FL 33176		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D GONZALEZ, MANUEL S 9837 SW 194TH ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PTSD HERCE, ANA M. 10081 SW 98 AVE MIAMI, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Ana Herce</i>		PRESIDENT / ANA HERCE 2-14-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	