

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90021 026 ***150.00

DOCUMENT # 518752

1. Entity Name
MASTEC REAL ESTATE HOLDINGS, INC.



Principal Place of Business
**800 DOUGLAS ROAD, PENTHOUSE
CORAL GABLES, FL 33134 US**

Mailing Address
**800 DOUGLAS ROAD, PENTHOUSE
CORAL GABLES, FL 33134 US**

40019625



02072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1876114

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MAS, JOSE**
STREET ADDRESS **800 DOUGLAS ROAD, PENTHOUSE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVT** ☒ Delete
NAME **WEINSTEIN, DONALD**
STREET ADDRESS **800 DOUGLAS ROAD, PENTHOUSE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **C. Robert Campbell**
CITY-ST-ZIP **800 Douglas Rd - Penthouse**
Coral Gables, FL 33134

TITLE **S** ☒ Delete
NAME **CANALES, CRISTINA**
STREET ADDRESS **800 DOUGLAS ROAD, PENTHOUSE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **J. Marc Lewis**
CITY-ST-ZIP **800 Douglas Rd - Penthouse**
Coral Gables, FL 33134

TITLE **P** ☐ Delete
NAME **SHANFELTER, AUSTIN**
STREET ADDRESS **3155 NW 77 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **MYK, ANGELA**
STREET ADDRESS **800 DOUGLAS ROAD, PENTHOUSE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angela Myk *Angela Myk* *2/8/05* *305-406-1846*