***2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # 522546

FILED Jan 13, 2005 8:00 am Secretary of State 01-13-2005 90001 037 ***150.00

1. Entity Nam	NIENT # 323340 NSTRUCTION CORP.						or 15 2 005	20001 02	,, 13	
Principal Place of Business 9991 S.W. 32ND ST MIAMI, FL 33165		Mailing Address 9991 S.W. 32ND ST MIAMI, FL 33165							50002	2014
2. Principal P	flace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01102005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State				4. FEI Number 59-1723	710			plied For at Applicable
Zip	Country	Zip	Country			5. Certificate o	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent				7. Name and A	ddress of New F	Registered A	gent	
INFANTE, ANDRES 9991 S.W. 32 ST MIAMI, FL 33165				Name Street Address (P.O. Box Number is Not Acceptable)						
<u> </u>				City				FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	register	ed office or	register	ed agent, or both	, in the State of Fl	orida. ! am f	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOT	F: Registere	d Agent signatul	re required	when reinstating)	•	DATE		
FIL , After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Con			\$5. Adde	00 May Be ed to Fees		_		•
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PD INFANTE, ANDRES 9991 S.W. 32 ST MIAMI FL,	Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS INFANTE, MARTA 9991 S.W. 32 ST MIAMI FL,	Delete	TITLI NAM STRE						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		¥	FY	ASURER FANTE 91 SU AM) 1	APES	م اجر پ		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i					Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	4	. !					Change	☐ Addition
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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)(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.

SIGNATURÉ: 1