## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # 531777**

1. Entity Name

Principal Place of Business

## CONSTRUCTION IND



**FILED** Jan 31, 2008 08:00 A Secretary of State

OUSTRY EXPORT CO.	
Mailing Address	

4913 SW 75 AVE 4913 SW 75 AVE MIAMI FL 33155 US **MIAMI FL 33155** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-1798419 Not Applicable Zιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUAO, ADRIANA Street Address (P.O. Box Number is Not Acceptable) 4913 SW 75 AVE MIAMI FL 33155 City 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

10.

Signature, typed or printed name of registered open aintitile if suplicable.

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00 After May 1: 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent eignature required when reinstating)

9. Election Campaign Financing \* Trust Fund Contribution. : .

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAO, ADRIANA 4913 SW 75 AVE MIAMI FL 33155	□ De'ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREFT ADDRESS CITY-ST-217		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000808053 02/07/08-80033-003	□ Change 150.00	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<sup>*</sup> □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE		☐ Delete	TITLE		☐ Change	Addition

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

11.

supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information tental 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 or diste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 with an endorce with the description. 12. I hereby certify that the information indicated on this report or suppler of the corporation of the receiver if changed, or on an attachmen like empowered.

**SIGNATURE** 

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZiP

SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

Change

☐ Addition

Addition