2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 25, 2007 08:00 A **DOCUMENT # 580490** 1. Entity Name **Secretary of State** TUTO CONSTRUCTION, INC. Principal Place of Business Mailing Address 16740 NW 81 AR 16740 NW 81 AR MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-2870882 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Dosired _____ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENA, JOHN 16740 NW 81 AVE Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33016 City Zip Codo 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or privide name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11111 ☐ Delete TITLE ☐ Change ☐ Addition PENA, JOHN NAM NAMI U00000604259 01/29/07-80046-013 150.00 16740 NW 81ST AVE STREET ADDRESS STREET ADDRESS HIALEAH FL CUY ST 71F CITY ST ZIP IIIU ☐ Delete mir ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY ST-7IP HILE ☐ Delete 11111 ☐ Change Addition NAME NAME STREET ADDRESS SIRCE LADDRESS CITY ST 78 CITY ST ZIP mi Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CHY SI-ZIP CITY ST ZIP Delete Change Addition NAM MAME SHIEFT ADDRESS SIRIET ADDILESS CITY SI-ZIP CITY ST ZIP IIIL ☐ Delete MILE Change Addition NAMI NAM STREET ADDRESS STREET ADDRESS CITY ST 7IP CHY-SI ZIP

12. I horeby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 logal effect as if made under eath, 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:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07/305-821-3909