**2004 FOR PROFIT CORPORATION** AMMILLAL DEDORT /ADI

DOCUMENT # 614466  1. Enlity Name CONSTRUMAT, INC.				Feb 02, 2004 08:00 AM Secretary of State
Principal Plac	ce of Business	Mailing Address		
1611 SOUTHWEST 32ND AVENUE 1611 SOUTHWEST 32N MIAMI FL 33145-1829 MIAMI FL 33145-1829			ND AVENUE	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 59-2620647 Applied For Not Applicable
Zip	Country	Zıp	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
VILLAAMIL, ANTHONY 1611 SW 32 AVE MIAMI FL 33145				ss (P.O. Box Number is Not Acceptable)
		,	City	FL Zip Code
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 it applicable (NOTE Registered Agent signature required whor reinstating)  Out 1  Out 1				
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	<del>,</del>	AND DIRECTORS	. 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CATY-ST-ZBP	PD VILLAANIL, ANTHONY 1611 SW 32 AVE MIAMI FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CTTY-ST-ZIP	Change Addition U00000027163 02/03/04-80036-007 150.00
BITE NAME STREET ADORESS CITY-ST-ZIP	DS VILLAAMIL, GLORIA H 1611 SW 32 AVE MIAMI FL 33145	☐ Dolete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	☐ Change ☐ Addillion
TITLE NAME STREET ADDRESS CITY-SY-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oe/ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TRILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition
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-office pike empowered.  SIGNATURE:    19.07(3)(i), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption 19.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 19.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 19.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 19.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 19.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 19.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 19.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 19.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 19.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 19.07(3)(ii), Florida Statutes, I further certification indicated in Section 19.07(3)(ii), Florida Statutes, I further certification indicated in Section 19.07(3)(iii), Florida Statutes, I further certification indicated in Section				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylore Phone #				

FILED