2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 06, 2006 08:00 AM Secretary of State

DOCL	JMENT	#6'	14466
------	-------	-----	-------

1. Entity Name CONSTRUMAT, INC.



Principal Place of Business

Mailing Address

1611 SOUTHWEST 32ND AVENUE MIAMI, FL 33145-1829

1611 SOUTHWEST 32ND AVENUE MIAMI, FL 33145-1829



02022006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2620647

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

VILLAAMIL, ANTHONY

DO NOT WRITE

1611 SW 32 AVE MIAMI, FL 33145			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the plants of registered agent.	ourpose of changing its registered office	or registered agent, or both, in	the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	Tapplicable. (NOTE: Registered Agent sign	ature required when reinstaling)	DATE	
FIL After M	E NOWILL FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLAANIL, ANTHONY 1611 SW 32 AVE MIAMI, FL 33145				
TIPLE NAME STREET ADDRESS GTTY-ST-ZIP	DS VILLAAMIL, GLORIA H 1611 SW 32 AVE MIAMI, FL 33145		(U00000422920 02/17/06-80036-012 150.00	
TITLE HAME STREET ADDRESS CITY-ST-ZIP				OT WRITE	
TITLE HAME STREET ADDRESS CITY-ST-ZIP			IN TH	IIS SPACE	
HILE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 legal effect as if made under cath; 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.

CITY-ST-ZIP