


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # 614466 1. Entity Name CONSTRUMAT, INC.			
Principal Place of Business 1611 SOUTHWEST 32ND AVENUE MIAMI FL 33145-1829		Mailing Address 1611 SOUTHWEST 32ND AVENUE MIAMI FL 33145-1829	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2620647		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLAAMIL, ANTHONY 1611 SW 32 AVE MIAMI FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <i>Gloria H. Villaamil</i> <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE: 1-17-7	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD VILLAANIL, ANTHONY 1611 SW 32 AVE MIAMI FL 33145	TITLE NAME STREET ADDRESS CITY ST ZIP	U00000593262 01/22/07-80024-025 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	DS VILLAAMIL, GLORIA H 1611 SW 32 AVE MIAMI FL 33145	TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition
12. I hereby certify that the information supplied with this filing 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 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			
SIGNATURE: <i>Gloria H. Villaamil</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 1-17-7 305-445-3673	



1st MOORE CR2E034 (10/06)