2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
03-28-2008 90026 043 ***158.75

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1. Entity Name
IWES CONTRACTORS, INC.

66009624

03192008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6185 BUFORD HWY SUITE E-200 NORCROSS, GA 30071	6185 BUFORD HWY SUITE E-200 NORCROSS, GA 30071

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5151 BROOK HOLLOW PKWY	5151 BROOK HOLLOW PKWY
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: NORCROSS, GA	City & State: NORCROSS, GA
Zip: 30071 Country:	Zip: 30071 Country:

4. FEI Number: 20-8049308 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, TERESA 2401 ALISTER CT ORLANDO, FL 32837	Name: Gilberto Vasquez Street Address (P.O. Box Number is Not Acceptable): 5241 Millenia Boulevard Apt - 202 City: Orlando FL Zip Code: 32839

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: Gilberto Vasquez DATE: 04/28/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P ARBELAEZ, CESAR 2112 BIRCH HOLLOW TRAIL LAWRENCEVILLE, GA 30043	☐ Delete	TITLE P NAME ARBELAEZ, CESAR STREET ADDRESS 3250 SWETWATER RD APT- CITY-ST-ZIP LAWRENCEVILLE, GA 30044	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAMOS, AICARDO 2140 WILDCAT WAY LAWRENCEVILLE, GA 30043	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BARANTES, JUAN CARLOS 2374 SWUANEE POINTE DRIVE LAWRENCEVILLE, GA 30043	☐ 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
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 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 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: Juan C. Barantes 03/24/08 770/817-4933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #