2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 01, 2008 08:00 AN Secretary of State DOCUMENT #F75319 STRUCTURAL TENTING CORPORATION Principal Place of Business Mailing Address 4035 SW 98TH AVE. 4035 SW 98TH AVE. MIAMI, FL 33165-5128 MIAMI, FL 33165-5128 DO NOT WRITE IN THIS SPACE No Chg-P CR2E034 (11/05) 01082008 Applied For 4. FEI Number 59-2181111 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE NAPOLES, ALEXANDER E 1717 N. BAYSHORE DRIVE APT, 1856 IN THIS SPACE MIAMI, FL 33132-1156 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME NAPOLES, ALEXANDER E 1717 N. BAYSHORE DRIVE, #1856 STREET ADDRESS MIAMI, FL 33132 CITY-ST-ZIP TITLE NAME STREET ADDRESS '02Z11Z08-80001-016 i150.00 CITY+ST-ZIP TITLE NAME STREET AODRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-08

305-552-014/

Daytime Phone #

FILED