2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with a

SIGNATURE: _

ROLANDO E. DAG SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # F81375 1. Entity Name INTEGRATED DEVELOPMENT, ENGINEERING & CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address TRUCTION COMPANY, INC. TRUCTION COMPANY, INC. 9240 SW 102 ST MIAMI FL 33176 9240 SW 102 ST MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2189190 Not Applicable Zip Country Zρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAGDAG, ROLANDO E 9240 SW 102 ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 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 Signature, typed or printed name of registered agent and title if applicable NOTE Registered Agent signature regulted when reinstating? DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. RRE☐ Delete TITLE Change Addition DAGDAG, ROLANDO E NAME NAME U00000336769 9240 SW 102 ST STREET ADDRESS STREET ADDRESS 04/27/05-80139-013 150.00 CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y-S1-ZIP THILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP BHF Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CiTY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental poor 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 enterpred to evecute 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 a Maddides Mith all other like empowered.

FILED