2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

DOCUMENT # G06120 1. Entity Name CITCO CONSTRUCTION, INC.								02-04-2008 9	v 0056 044	***150	.00	
Principal Place of Business 2351 W FLAGLER ST. MIAMI, FL 33135			Mailing Address 2351 WEST FLAGLER ST MIAMI, FL 33135			•		I BANG JUNI KANE WAN BAN	BIBII B IBII BIBII B		NA DA JI 1801	
	5W 3	8 COURS	3. Mailing Address 30 47 5. W 38 COURT Suite, Apt. #, etc.			7	1					
City & State MAMIFL			City & State MIAMI			4. FEI Numb 59-223		CR2E034	Ap	plied For		
	33146 Country V54		^{Zig} 3144	FL Cour	SA		5. Certificate	of Status Desired	Fe	8.75 Addi e Required	litional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
VIDAL, SERGIO C. 1033 MARIANA AVENUE CORAL GABLES, FL 33134						VIPAL SERGIO C. Street Address (P.O. Box Number is Not Acceptable) 3047 SW. 38 COURT						
						City M/AM/			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. SEPGIO C.VIDAL												
Registered Agent signature, typed or printed name of registered agent and title if applicable. V (NOTE: Registered Agent signature required when reinstating) ATE.												
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.						\$5. Add	00 May Be ed to Fees				e 2**	
10.		OFFICERS AND		11.			ADDITIONS.	CHANGES TO OFFI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1033 MAF	ERGIO CARLOS RIANA AVE BABLES, FL 33134				PS VIP 304 MI	AL SER 17 5.10 AMI F	1910 C. 38 COURT L 3314	" چ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1033 MAF	HRISTOPHER M RIANA AVENUE BABLES, FL 33134	Delete		te l	V10 304	DAL CHP 17 5.W.	13TOPHER 38 COURT	m. 🕽	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	l	LVA C. RIANA AVE BABLES, FL 33134	☐ Delete			T	14 6011		,	Charrye	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ 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 ifchanged, or on an attachment with an exercise, with all other transferred.												