



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90139 034 \*\*\*158.75

<b>DOCUMENT # H78225</b> 1. Entity Name <b>HIBISCUS CONSTRUCTION CORP.</b>																																																																																																																			
Principal Place of Business <b>949 SW 122ND AVE</b> <b>MIAMI, FL 33184 US</b>				Mailing Address <b>949 SW 122ND AVE</b> <b>MIAMI, FL 33184 US</b>																																																																																																															
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																																	
03042005 Chg-P CR2E034 (10/03)				4. FEI Number <b>59-2834294</b>																																																																																																															
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																																																																																																															
6. Name and Address of Current Registered Agent  <b>DOMINQUEZ JOSE E</b> <b>6540 SW 135TH AVE</b> <b>SUITE 109</b> <b>MIAMI, FL 33183</b>			7. Name and Address of New Registered Agent Name <b>NORMAN M. SEVIN, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1313 Ponce de Leon Blvd.</b> <b>Suite 301</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>																																																																																																																
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 <u><i>Norman M. Sevin</i></u> DATE <u>3/4/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td><b>PD DOMINQUEZ JOSE E.</b></td> <td><b>6540 SW 135 AVENUE</b></td> <td><b>MIAMI, FL</b></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		<b>PD DOMINQUEZ JOSE E.</b>	<b>6540 SW 135 AVENUE</b>	<b>MIAMI, FL</b>	<input checked="" type="checkbox"/>																																									11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change</td> <td style="width:10%; text-align: right;">Addition</td> </tr> <tr> <td></td> <td><b>PSTD Maria L. Dominguez</b></td> <td><b>6540 S.W. 135 Ave.</b></td> <td><b>Miami, FL 33183</b></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition		<b>PSTD Maria L. Dominguez</b>	<b>6540 S.W. 135 Ave.</b>	<b>Miami, FL 33183</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete																																																																																																															
	<b>PD DOMINQUEZ JOSE E.</b>	<b>6540 SW 135 AVENUE</b>	<b>MIAMI, FL</b>	<input checked="" type="checkbox"/>																																																																																																															
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition																																																																																																														
	<b>PSTD Maria L. Dominguez</b>	<b>6540 S.W. 135 Ave.</b>	<b>Miami, FL 33183</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																														
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Maria L. Dominguez</i></u> <b>Maria L. Dominguez</b> <u>3/4/05</u> <u>305-386-2969</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																			