2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # H87621 02-02-2005 90056 006 ***150.00 1. Entity Name LA PLAYA CONSTRUCTION CORPORATION Principal Place of Business Mailing Address 50009539 2430 PERIWINKLE WAY 2430 PERIWINKLE WAY STE B STE B SANIBEL, FL 33957 SANIBEL, FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142005 Chg-P CR2E034 (10/03) City & State City & State 4. FFi Number Applied For 59-2612027 Not Applicable Zip Country Zip 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 -ARMENIA, JOHN Street Address (P.O. Box Number is Not Acceptable) 2430 PERIWINKLE WAY STE B SANIBEL, FL 33957 City Zip Code FI 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change ARMENIA, JOHN NAME NAME STREET ADDRESS 15631 CAPTIVA RD. STREET ADDRESS CITY-ST-ZIP CAPTIVA ISLAND, FL 33924 CITY-ST-ZIP VS TITLE ☐ Delete TITLE ☐ Change ☐ Addition ARMENIA, LUCY NAME NAME STREET ADDRESS 15631 CAPTINA DR STREET ADDRESS CITY-ST-ZIP CAPTIVA ISLAND, FL. 33924 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STOUT, ROLAND V NAME STREET ADDRESS 6400 TAYLOR ROAD 179 STREET ADDRESS CITY-ST-7/P PUNTA GORDA, FL 33950 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP 12. I hereby certify that the information supplied with this filling 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 SIGNATURE:

FILED Feb 02, 2005 8:00 am