Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90176 020 ***158.75

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) K32468

DOCUMENT # 1. Entity Name

ROVEL CONSTRUCTION, INC.



Principal Place of Business Mailing Address 7000-9:W: 48TH STREET 7380 S.W. 48TH STREET MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business Mailing Address 16615W Sim Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0137733 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EMILIO M. GRENET Street Address (P.O. Box Number is Not Acceptable) -7380 S.W. 40TH ST. MIAMI FL 33155 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition ☐ Delete ☐ Channe EMILIO M. GRENET NAME NAME 7320 S.W. 100TH CT. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP VASD Delete ☐ Change ☐ Addition TITLE TITLE ALEJANDRO RODRIGUEZ NAME NAME STREET ADDRESS 8503 S.W. 97TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITI F NAME: NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE D Delete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

DEFEMILIO M. GRENET 4/7/03 305-661-9211