

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90149 025 ****55.00

DOCUMENT # L00000007278					
1. Entity Name E- CONSTRUCTION USA, LLC					
Principal Place of Business 888 BRICKELL KEY DR., APT. #2607 MIAMI, FL 33131			Mailing Address 888 BRICKELL KEY DR., APT. #2607 MIAMI, FL 33131		
2. Principal Place of Business 5811 MAGGIORE ST. Suite, Apt. #, etc.		3. Mailing Address 5811 MAGGIORE ST. Suite, Apt. #, etc.			
City & State CORAL GABLES, FLORIDA		City & State CORAL GABLES, FLORIDA		4. FEI Number 32-0010902	
Zip 33146		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SOSA, CARLOS 888 BRICKELL KEY DR., APT. #2607 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: <u>SOSA, CARLOS</u> Street Address (P.O. Box Number is Not Acceptable): 5811 MAGGIORE ST. City: <u>CORAL GABLES</u> FL Zip Code: <u>33146</u>		
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>[Signature]</u> <u>CARLOS SOSA MGRM</u> August 6, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by September 7, 2005 <input checked="" type="checkbox"/>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOSA, CARLOS 888 BRICKELL KEY DR., APT. #2607 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOSA, CARLOS 5811 MAGGIORE ST. CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOSA, CARLOS JR 888 BRICKELL KEY DR., APT. #2607 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOSA, CARLOS JR 5811 MAGGIORE ST. CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOSA, JOSEFINA 888 BRICKELL KEY DR., APT. #2607 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOSA, JOSEFINA 5811 MAGGIORE ST CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>[Signature]</u> <u>CARLOS SOSA</u>			August 6, 2005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		
305-666-0896 305-775-7014			*		