2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90053 024 ****50.00

DOCUMENT # L03000043448

1. Entity Name
CONSTRUCTA PROPERTIES, LLC

Principal Place of Business	Mailing Address
1501 COLLINS AVE., 3RD FLOOR MIAMI BEACH, FL 33139	1501 COLLINS AVE., 3RD FLOOR MIAMI BEACH, FL 33139

24054431

2. Principal Place of Business		3. Mailing Address	
		520 Brickell Key Dr. #0305	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite O-305	
City & State		City & State Miami FL	
Zip	Country	Zip 33131	Country USA

03082004 Chg-LLC CR2E083 (10/03)

4. FEI Number 08-0575055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRANSGLOBAL CORPORATE ADMINISTRATION, INC 520 BRICKELL KEY DR, STE O-305 MIAMI, FL 33131	Name: Transglobal Corporate Administration, LLC Street Address (P.O. Box Number is Not Acceptable): 520 Brickell Key Dr Suite O-305 City: Miami FL Zip Code: 33131

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] 4/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBERA, JACQUES 1501 COLLINS AVE., 3RD FLOOR MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Jacques Barbera 03/18/04 305-538-0135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #