

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90042 006 ***150.00

DOCUMENT # L07452 1. Entity Name RADO CONSTRUCTIONS & INVESTMENTS, INC.			
Principal Place of Business 10223 SW 20 TERRACE MIAMI, FL 33165		Mailing Address 10223 SW 20 TERRACE MIAMI, FL 33165	
2. Principal Place of Business 6390 SW 37 ST Suite, Apt. #, etc.		3. Mailing Address 6390 SW 37 ST Suite, Apt. #, etc.	
City & State MIAMI, FL Zip 33155 Country		City & State MIAMI, FL Zip 33155 Country	
4. FEI Number 65-0135260		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEL CASTILLO, RAFAEL, SR. 10223 SW 20 TERR MIAMI, FL 33165		7. Name and Address of New Registered Agent Name RAFAEL del CASTILLO Sr Street Address (P.O. Box Number is Not Acceptable) 6390 SW 37 ST City MIAMI FL Zip Code 33155	
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>Rafael del Castillo</i></u> DATE: <u>1/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL CASTILLO, RAFAEL SR 10223 SW 20 TERR MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6390 SW 37 ST MIAMI FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEL CASTILLO, RAFAEL JR 10223 SW 20 TERR MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6390 SW 37 ST MIAMI FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, ROMAN 7601 SW 136 COURT MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Rafael del Castillo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/27/06</u> Daytime Phone #: <u>305 5821672</u>	

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