2003 FOR PROFIT CORPORATION

Jan 27, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State **DOCUMENT #** L11415 01-27-2003 90532 016 ***158.75 ZURQUI CONSTRUCTION SERVICE, INC. Principal Place of Business Mailing Address 10421 NW 28 ST 10421 NW 28 ST **UNIT 102-D** UNIT 102-D MIAMI FL 33172 MIAMI FL 33172 US US 2. Principal Place of Business 9755 S.W. 40th Torvace 3. Mailing Address 9755 S.W. 40th Torrace Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0139632 33165 Viami Tiami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33/65 33165 ... Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Conzalez, GONZALEZ, EDDY, JR Street Aderess (P.O. Box Number is Not Acceptable) 8401 SW 92ND ST **MIAMI FL 33156** 9755 S.W. 40th Torracl his 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 regis SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWN FEE S \$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 3 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE NAME GONZALEZ, EDDY, JR NAME Eddy Gonzalez, TK. 8401 SW 92ND STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZIF TITLE STD ☐ Delete TITLE GONZALEZ, ANA NAME NAME 8401 SW 92ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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 it 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, withful other like empowered.

REQUIRED RINTED NAME OF SIGNING OFFICER OR DIRECTOR