2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# L51767

Entity Name: FABIO PERINI LATIN AMERICA, INC.

Current Principal Place of Business:

2655 LE JEUNE ROAD
SUITE 605
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2655 LE JEUNE ROAD
SUITE 605
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0184349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CUTLER, H JEFFREY
2 ALHAMBRA PLAZA
PENTHOUSE 2-C
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEOD
Name: BULFON, ALESSANDRO
Address: 2655 LE JEUNE ROAD, SUITE 605
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD
Name: MATTEO, RADICIONO
Address: 2655 LE JEUNE ROAD, SUITE 605
City-St-Zip: CORAL GABLES, FL 33134

Title: SD
Name: LUNDEEN, STEPHEN
Address: 207 EAST MICHIGAN, #410
City-St-Zip: MILWAUKEE, WI 53202

Title: VPT
Name: WILSON, ALISTAIR
Address: 2655 LE JEUNE ROAD, SUITE 605
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALISTAIR WILSON VPT 03/01/2011

Electronic Signature of Signing Officer or Director — Date