2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

SIGNATURE AND TYPED

NTED NAME OF SIGNING OF FICER OR DIRECTOR

## FILED DOCUMENT # L83659 Apr 20, 2006 08:00 AN 1. Entity Name **Secretary of State** DADE TRUSS INDUSTRIES, INC. Mailing Address Principal Place of Business 6401 NW 74TH AVE 6401 NW 74TH AVE **MIAMI FL 33166** MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied Fui 65-0257725 Not Applicat Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JURADO, ESTHER Street Address (P.O. Box Number is Not Acceptable) 6401 NW 74TH AVE MIAMI FL 33166 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remistating) FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete HILE ☐ Change NAME JURADO, SALVADOR A. MAME U000000520197 STREET ADDRESS 6401 NW 74 AVE STREET ADDRESS 05/02/06-80085-013 150.00 CITY - ST- ZIP MIAMI FL CITY-ST-ZIP ☐ Delete THIE ☐ Change ☐ Addition JURADO, JOSE A. NAME STREET ADDRESS 6401 NW 74 AVE STREET ADDRESS C/1Y-ST-2IP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIME ☐ Change Addition NAME MAASE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete THIF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-St-7IP THILE ☐ Delete TRILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAY ST-72 12. I hereby certify that the information supplied with this full indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered if changed, or on an attachment with an address, walk at the corporation of the receiver or trustee. does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 all other like empowered.