2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State
07-07-2005 90008 004 ***558.75

DOCUMENT # L94532

1. Entity Name
ODEBRECHT CONSTRUCTION, INC.

20061919

06152005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
201 ALHAMBRA CIR SUITE 1400 CORAL GABLES, FL 33134	201 ALHAMBRA CIR SUITE 1400 CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0220703 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHRISTIANI, ALEXANDER 201 ALHAMBRA CIR SUITE 1400 CORAL GABLES, FL 33134	Name: ELIZEU LEONARDO Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE SUITE 1400 City: CORAL GABLES **FL** Zip Code: 33134

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 _____ ELIZEU LEONARDO 07/05/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CDV ODEBRECHT, MONICA BAHIA PRAIA DE BOTAFOGO, 300 RIO DE JANEIRO, 22250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/COO ROCHA, LUIZ AUGUSTO DE TEIVE E ARGOLLO DA 201 ALHAMBRA CIRCLE, STE 1400 CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROCHA, LUIZ AUGUSTO DE TEIVE E ARGOLLO DA 201 ALHAMBRA CIRCLE, STE. 1400 CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHRISTIANI, ALEXANDER 201 ALHAMBRA CIRCLE, STE 1400 CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FILHO, LUIZ PEREIRA DE ARAUJO PRAIA DE BOTAFOGO, 300 RIO DE JANEIRO, 22250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D LEONARDO, ELIZEU 201 ALHAMBRA CIRCLE, STE 1400 CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHRISTIANI, ALEXANDER 201 ALHAMBRA CIRCLE, #1400 CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/CEO NEVES, GILBERTO 201 ALHAMBRA CIRCLE, STE 1400 CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALMEIDA, CLAUDIO AUGUSTO DE 201 ALHAMBRA CL. STE. 1400 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NEVES, GILBERTO 201 ALHAMBRA CL. STE. 1400 CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: _____ ELIZEU LEONARDO 07/5/05 305-341-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
20061919

ATTACHMENT

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10. OFFICERS AND DIRECTORS (Continuation)

TITLE:	V	☐ DELETE
NAME:	LUZ, KÁTIA ARAGÃO DA	
STREET ADDRESS:	201 ALHAMBRA CIRCLE, SUITE 1400	
CITY – ST – ZIP:	CORAL GABLES, FL 33134	

TITLE:	V	
NAME:	TEPEDINO, MARCOS STEINTHAL	☒ DELETE
STREET ADDRESS:	201 ALHAMBRA CIRCLE, SUITE 1400	
CITY – ST – ZIP:	CORAL GABLES, FL 33134	

TITLE:	V	
NAME:	SUFFREDINI, PAULO ROBERTO	☐ DELETE
STREET ADDRESS:	201 ALHAMBRA CIRCLE, SUITE 1400	
CITY – ST – ZIP:	CORAL GABLES, FL 33134	