
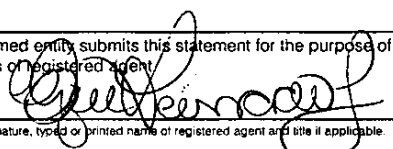
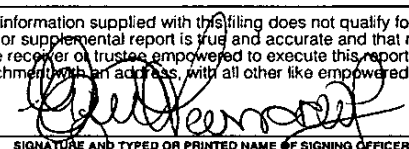


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90008 004 \*\*\*558.75

<b>DOCUMENT # L94532</b> 1. Entity Name <b>ODEBRECHT CONSTRUCTION, INC.</b>					
Principal Place of Business <b>201 ALHAMBRA CIR SUITE 1400 CORAL GABLES, FL 33134</b>			Mailing Address <b>201 ALHAMBRA CIR SUITE 1400 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0220703</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>CHRISTIANI, ALEXANDER 201 ALHAMBRA CIR SUITE 1400 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name <b>ELIZEU LEONARDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 ALHAMBRA CIRCLE SUITE 1400</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b>			
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  <small>Signature, typed or printed name of registered agent and title is applicable.</small>		<b>ELIZEU LEONARDO</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>07/05/05</b>	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDV <input type="checkbox"/> Delete <b>ODEBRECHT, MONICA BAHIA PRAIA DE BOTAFOGO, 300 RIO DE JANEIRO, 22250</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ROCHA, LUIZ AUGUSTO DE TEIVE E ARGOLLO DA 201 ALHAMBRA CIRCLE, STE 1400 CORAL GABLES, FL 33134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete <b>ROCHA, LUIZ AUGUSTO DE TEIVE E ARGOLLO DA 201 ALHAMBRA CIRCLE, STE. 1400 CORAL GABLES, FL 33134</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CHRISTIANI, ALEXANDER 201 ALHAMBRA CIRCLE, STE 1400 CORAL GABLES, FL 33134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete <b>FILHO, LUIZ PEREIRA DE ARAUJO PRAIA DE BOTAFOGO, 300 RIO DE JANEIRO, 22250</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LEONARDO, ELIZEU 201 ALHAMBRA CIRCLE, STE 1400 CORAL GABLES, FL 33134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete <b>CHRISTIANI, ALEXANDER 201 ALHAMBRA CIRCLE, #1400 CORAL GABLES, FL 33134</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NEVES, GILBERTO 201 ALHAMBRA CIRCLE, STE 1400 CORAL GABLES, FL 33134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>ALMEIDA, CLAUDIO AUGUSTO DE 201 ALHAMBRA CL. STE. 1400 CORAL GABLES, FL 33134</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete <b>NEVES, GILBERTO 201 ALHAMBRA CL. STE. 1400 CORAL GABLES, FL 33134</b>		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 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.					
<b>SIGNATURE:</b> 		<b>ELIZEU LEONARDO</b>		Date <b>07/5/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>305-341-8800</b>			

ATTACHMENT  
20061919

ATTACHMENT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L94532

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