

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L94532

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: ODEBRECHT CONSTRUCTION, INC.

## Current Principal Place of Business:

201 ALHAMBRA CIRCLE  
SUITE 1400  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

201 ALHAMBRA CIRCLE  
SUITE 1400  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 65-0220703      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPRAGUE, NICHOLAS  
201 ALHAMBRA CIRCLE  
SUITE 1400  
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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CDEV ( ) Delete  
Name: ODEBRECHT, MONICA BAHIA  
Address: PRAIA DE BOTAFOGO, 300  
City-St-Zip: RIO DE JANEIRO, 22250 BR

Title: DP ( ) Delete  
Name: NEVES, GILBERTO  
Address: 201 ALHAMBRA CIRCLE, SUITE 1400  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: DANTAS, RODRIGO  
Address: 201 ALHAMBRA CIRCLE, SUITE 1400  
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP ( ) Delete  
Name: FLOR, JAIRO  
Address: 201 ALHAMBRA CIRCLE, SUITE 1400  
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP ( ) Delete  
Name: ALMEIDA, CLAUDIO A  
Address: 201 ALHAMBRA CL. SUITE 1400  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: MONTEIRO, CLAUDIO  
Address: 201 ALHAMBRA CIRCLE SUITE 1400  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: CARDOSO, CYNTHIA  
Address: 201 ALHAMBRA CIRCLE, SUITE 1400  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SPRAGUE, NICHOLAS  
Address: 201 ALHAMBRA CIRCLE SUITE 1400  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NICHOLAS SPRAGUE

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02/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date