

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M22443 1. Entity Name MAURETTE CONSTRUCTION COMPANY, INC.						
Principal Place of Business 500 SW 125 AVE MIAMI, FL 33184	Mailing Address 500 SW 125 AVE MIAMI, FL 33184	 04152005 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FCI Number 59-2712287</td> <td style="padding: 2px;">Applied For Not Applicable</td> </tr> <tr> <td colspan="2" style="padding: 2px;">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td> </tr> </table>	4. FCI Number 59-2712287	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent MAURETTE, JOSE J 500 SW 125 AVE MIAMI, FL 33184		DO NOT WRITE IN THIS SPACE				
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 _____ DATE _____ Signature, typed or printed name of registered agent and filer (applicable). (FIC 12) Registered Agent signature required when changing.						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000314453 04/18/05-80167-012 150.00				
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY ST ZIP	PD MAURETTE, JOSE J 500 SW 125 AVE MIAMI, FL 33184					
TITLE NAME STREET ADDRESS CITY ST ZIP	STD MAURETTE, MARIA A 500 SW 125 AVE MIAMI, FL 33184					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a filer or other filer empowered.						
SIGNATURE: <i>[Signature]</i> (Jose J. Maurette) 4/15/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year						