2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 08:00 AM Secretary of State

| 1. Entity Nar J.N. CON | NSTRUCTION OF MIAMI, INC. | failing Address | | S | ecretary of State |
|---|--|--|----------------------------|---|---|
| C/O JOAQUII 9931 SW 38 MIAMI, FL 3 | N NUNEI (| C/O JOAQUIN NUNEI 9931 SW 38TH STREET WIAMI, FL 33165 US | | | |
| | OO NOT WRITE II | | CE | 01242005 No Chg-P 4. FEI Number 59-2730014 5. Certificate of Status Desired | CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required |
| NUNEZ, J 9931 S.W. MIAMI, FL | . 38TH ST. 📋 | stered Agent | 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 Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | |
| After M | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | 9. Election Campaign Finan Trust Fund Contribution. | | 00 May Be 100000 | 10229049 5-80064-016_150_00_ |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD NUNEZ, JOAQUIN 9931 S.W. 38TH ST. MIAMI, FL VSD NUNEZ, JOAQUIN, JR. 9931 S.W. 38TH ST. MIAMI, FL | JONS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | · · · · · · · · · · · · · · · · · · · | | DO NOT W | · |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 40.07(0)0 | Links with the transfer |
| 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 truthee 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 advices, with all other like empowered. | | | | | |
| SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF FIGNING OFFICER OR DIRECTOR Date Daylime Phone # | | | | | |