

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M58897						
1. Entity Name ADV CONSTRUCTION CORPORATION						
Principal Place of Business 1844 PLEASANT DR. P.O. BOX 14903, N.P.B. FL JUNO, FL 33408	Mailing Address 1844 PLEASANT DR. P.O. BOX 14903, N.P.B. FL JUNO, FL 33408	 04192006 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;">4. FEI Number 65-0006205</td><td style="width: 20%; 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. FEI Number 65-0006205	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent VAZQUEZ, ALEJANDRO D. 1844 PLEASANT DR. JUNO, FL 33408						
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS VAZQUEZ, ALEJANDRO D. 1844 PLEASANT DR. NORTH PALM BEACH, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VAZQUEZ, IRENE H. 1844 PLEASANT DR. JUNO, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000551790 05/13/06-80110-017 150.00 DO NOT WRITE IN THIS SPACE					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Irene Vazquez, VP</u> 4/27/06 561-626-2011 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						