
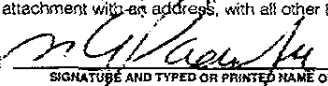


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # M70022		
1. Entity Name MIGUEL A. PADRON CONSTRUCTION, INC.		
Principal Place of Business 5630 3RD AVENUE KEY WEST, FL 33040		Mailing Address PO BOX 5402 KEY WEST, FL 33045
DO NOT WRITE IN THIS SPACE		
 05042004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0035249		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PADRON, MICHAEL A JR 5630 3RD AVE. STOCK ISLAND KEY WEST, FL 33040		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<div>✓ Form NOT RECEIVED</div> <div>1100000157391 05/06/04-80024-024 150.00</div> <div style="height: 150px;">DO NOT WRITE IN THIS SPACE</div>
TITLE	PS	
NAME	PADRON, MIGUEL A	
STREET ADDRESS	3728 PAULA AVE.	
CITY - ST - ZIP	KEY WEST, FL	
TITLE	VT	
NAME	PADRON, SARA ANN	
STREET ADDRESS	3728 PAULA AVE.	
CITY - ST - ZIP	KEY WEST, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 all other like empowered.		
SIGNATURE: 		Date: 5/1/2004 Daytime Phone #: 305-294-4575
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		