

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000014089

FILED
Oct 20, 2004
Secretary of State

Entity Name: CONSTRUCTION QUALITY CONTROL INC.

Current Principal Place of Business:

16935 NW 51 PL
MIAMI, FL 33055

New Principal Place of Business:

6283 - 181 TER. N.
LOXAHATCHEE, FL 33470

Current Mailing Address:

16935 NW 51 PL
MIAMI, FL 33055

New Mailing Address:

6283 - 181 TERE. N.
LOXAHATCHEE, FL 33470

FEI Number: 65-0980851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARANGO, ARMANDO
16935 NW 51 PL
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

ARANGO, ARMANDO
6283 - 181 TER. N.
LOXAHATCHEE, FL 33470 US

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: ARMANDO ARANGO

10/20/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARANGO, ARMANDO
Address: 16935 NW 51 PL
City-St-Zip: MIAMI, FL 33055

Title: VP () Delete
Name: SOTO, ZUNILDA A
Address: 1566 S.MIAMI LAKE WAY N.#305
City-St-Zip: MIAMI LAKE, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARANGO, ARMANDO
Address: 6283 181 TER. N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP (X) Change () Addition
Name: SOTO, ZUNILDA A
Address: 6283 181 TER. N.
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ZUNILDA A. SOTO

VP

10/20/2004

Electronic Signature of Signing Officer or Director

Date