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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| CIAILOUM DOSIMESS | neruni | (upn) | • | • | |
|---|---|---|--|---------------------------------------|--|
| DOCUMENT # P0000033302 1. Entity Name | | | FIL | FD | |
| Construction Pro Hanagement, I | sfessiona Inc. | al | | : PM 12: 07 | |
| DO NOT WRITE IN | | ACE | SECRETARY TALLAUASS | OF STATE EE, FLORBA | |
| 2. Principal Place of Business 42 ST. 3. N | Mailing Address | 2 62 51 | | | |
| | Suite, Apt. #, etc. | | DSD4 DO NOT WRITE IN THIS SPA | ACE ISO ID | |
| | ity & State , FO | | 4. FEI Number | Applied For Not Applicable | |
| Zip Country 32 3318-3 | 3183 | Country | | 3.75 Additional e Required | |
| | | Name -1 | 7. Name and Address of Current Registered A | gent | |
| DO NOT WRI | rge A. Saln O Box Number is Not Acceptable) | | | | |
| IN THIS SPAC | 562 SW 62 SI. | | | | |
| City Maria FL Zip Code | | | | | |
| 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. | | | | | |
| SIGNATURE | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Particle or correction is alignible to particle its latenable. January 1: May 1: Fee is \$150.00 | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | After May 1, | Fee is \$550.00 JBR is \$61.25 | 10. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIREC | TORS | 7410.355476,49544333 | | | |
| JOIGE JARN STREET ADDRESS 13561, SW 62 ST. | stė: 1 | TITLE NAME STREET ADDRESS CITY:ST-ZIP | 200068510! -88/01/02010 ****150,00 * | 37007 | |
| ITILE V | | INLE 1999 | | | |
| STREET ADDRESS 13501 SW 62 SI. SIE. 1 | | NAME STREET ADDRESS | | | |
| CITY-ST-ZIP Wiami, FL 33183 | | CITY-ST-ZIP | | | |
| NAME STREET ADDRESS | | NAME STREET ADDRESS | | _ | |
| CITY-ST-ZIP TITLE | | CITY-ST-ZIP | DO NOT WRIT | un ana mangpalakan da kepada da kabum | |
| NAME STREET ADDRESS | | NAME STREET ADDRESS | IN THIS SPACE | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | | TITLE NAME | | | |
| CITY-ST-ZIP 01- UZ UBD | | ETREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME | | TITLE | | | |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | | | |
| I hereby certify that the information supplied with this fil indicated on this report or supplemental report is true a | nd accurate and that my | ne exemption stated in Se 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 attachment with an address, with all other like empower | d to execute this re port a | s required by Chapter 6 | 607, Florida Statutes; and that my name appears in | Block 11 or on an | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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CONSTRUCTION PROFESSIONAL MANAGEMENT, INC. DOC: P00000033302

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE.

I MAILED IN THE PAYMENT LAST YEAR FOR \$ 150.00, BUT I NEVER HEARD ANYTHING FROM YOUR OFFICE. I NOW FIND OUT THAT I AM INACTIVE, I AM ENCLOSING THE PAYMENT FOR THIS YEAR TO PROPERLY UPDATE THE CORPORATION. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. I ALSO ASK YOU TO MAKE CORRECTIONS IN THE MAILING/PRINCIPAL ADDRESS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

JORGE JEAN PRESIDENT