2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **DOCUMENT # P00000040044** FILED 1. Entity Name BENRUS CONSTRUCTION, INC. 06 APR 27 AMM: 51 CALLANDA TE FLORIDA Principal Place of Business Mailing Address 7605 SOUTHWEST 161 TERRACE 7605 SOUTHWEST 161 TERRACE MIAMI, FL 33157 MIAMI, FL 33157 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1001089 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 900074152939 05/08/06--01019--022 ***8.75 PSTD TITLE RUSSO, AMADIO NAME STREET ADDRESS 7605 SOUTHWEST 161 TERRACE CITY-ST-ZIP MIAMI, FL 33157 900074152939 05/08/06--01019--021 **150.00 TITLE STREET ADDRESS CITY-ST-ZIP 900074152939 05/08/06--01019--023 **5.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 Date Daylime Phone #