


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000053215</b> 1. Entity Name ALLAPATTAH CONSTRUCTION, INC.	
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Principal Place of Business 2634 NW 21ST TERR. MIAMI, FL 33142	Mailing Address 2634 NW 21ST TERR. MIAMI, FL 33142
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**DO NOT WRITE IN THIS SPACE**



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1050910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  PACHECO, XJOMARA 2634 NW 21ST TERR. MIAMI, FL 33142	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000090949 03/17/04-80039-018 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RAFAEL, CABEZAS C 12001 SW 117 AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MARIANO, CURZ V 1227 NW 26 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODOVALDO, VALDES S 2601 NW 20 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAUREGUI, OBED 2490 NW 35TH ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ECHEVARRIA, JOSE A 2870 NW 18 AVE. APT. #8-C MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIOS, ACELA 1855 NW 15 AVE #1210 MIAMI, FL 33125

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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, without other like empowered.

**SIGNATURE:**  **Rafael Cabezas** 3/12/04 (305) 635-3561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #