


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000053215	
1. Entity Name ALLAPATTAH CONSTRUCTION, INC.	

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



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1050910	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PACHECO, XIOMARA 2634 NW 21ST TERR. MIAMI, FL 33142	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

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02/24/05-80032-004 158.75

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)(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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Rafael Cabezas, Chairman 2/9/05 (305) 635-3561	Date	Daytime Phone #
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