


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P0000053215
 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**

DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number: **65-1050910** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PACHECO, XIOMARA
2634 NW 21ST TERR.
MIAMI, FL 33142

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	RAFAEL, CABEZAS C
STREET ADDRESS	12001 SW 117 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VCD
NAME	MARIANO, CURZ V
STREET ADDRESS	1227 NW 26 ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	SD
NAME	RODOVALDO, VALDES S
STREET ADDRESS	2601 NW 20 ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	TD
NAME	JAUREGUI, OBED
STREET ADDRESS	2490 NW 35TH ST.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VTD
NAME	ECHEVARRIA, JOSE A
STREET ADDRESS	2870 NW 18 AVE. APT. #8-C
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	RIOS, ACELA
STREET ADDRESS	1855 NW 15 AVE #1210
CITY-ST-ZIP	MIAMI, FL 33125

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