2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P00000063718 1. Entity Name 04-19-2004 90263 005 \*\*\*150.00 ONSITE CONSTRUCTION, INC. Principal Place of Business Mailing Address 10720 SOUTHWEST 38TH STREET 10720 SOUTHWEST 38TH STREET **MIAMI FL 33165** MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1020663 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD пи в ☐ Addition ☐ Delete ☐ Change HERNANDEZ, PERLA NAME NAME STREET ADDRESS 10720 SOUTHWEST 38TH STREET STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP CITY-ST-ZIP TITLE SV ☐ Delete TITLE Change ☐ Addition HERNANDEZ, RICARDO J NAME 10720 SOUTHWEST 38TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME HERNANDEZ, NILO - --NAME STREET ADDRESS 10720 SOUTHWEST 38TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing floes 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, with all of the rike empowered.

FILED

OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAM