2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2007 08:00 A Secretary of State DOCUMENT # P00000069129 1. Entity Name MICHEL CONSTRUCTION, INC. Principal Place of Business Mailing Address 4025 CALEDONIA AVE. 4025 CALEDONIA AVE. APOPKA FL 32712 APOPKA FL 32712 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number |Applied For 52-2253428 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHEL, ROBERTO Street Address (P.O. Box Number is Not Acceptable) **4025 CALEDONIA AVE** APOPKA FL 32712 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice 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 (NOTE, Registored Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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 HILE ☐ Delete DITE Change Addition MICHEL, ROBERTO NAME NAME 4025 CALEDONIA AVE. STREET ADDRESS U00000731883 STREET ADDRESS APOPKA FL 32712 City-St-7IP 05/09/07-80022-022 150.00 CHY-ST-7IP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 1000 _ ☐ Dalate HHE Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-SI-7IP TiTLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP TITLE ☐ Delete THIL Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-SI-7IP IIIIE Delete THE Change Addition NAME NAME STRUET ADDRESS STREET ADORESS CITY+SI-7IP CITY+SI-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an efficer 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.

Roberto Michel 4-23-07 321-689-1082

FILED