

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000104385

1. Entity Name
LUZARRAGA CONSTRUCTION COMPANY



FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90071 011 ***150.00

Principal Place of Business
2730 SW 3 AVENUE
600
MIAMI, FL 33129

Mailing Address
2730 SW 3 AVENUE
600
MIAMI, FL 33129

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1061606

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUZARRAGA, JORGE R
2730 SW 3 AVENUE
600
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

(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 D
NAME BORROTO, WILFREDO
STREET ADDRESS 241 HARBOR DR
CITY-ST-ZIP KEY BISCAVNE, FL 33149 ☐ Delete

TITLE PS
NAME LUZARRAGA, MONICA B
STREET ADDRESS 115 HARBOR DR
CITY-ST-ZIP KEY BISCAVNE, FL 33149 ☐ Delete

TITLE V
NAME LUZARRAGA, JORGE R
STREET ADDRESS 115 HARBOR DR
CITY-ST-ZIP KEY BISCAVNE, FL 33149 ☐ Delete

TITLE D
NAME BORROTO, MARILYN
STREET ADDRESS 241 HARBOR DR
CITY-ST-ZIP KEY BISCAVNE, FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 2730 SW 3 Ave #600
CITY-ST-ZIP Miami, FL 33129 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 2730 SW 3 Ave #600
CITY-ST-ZIP Miami, FL 33129 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Monica Luzarraga

1/5/05

(305) 858-0566