


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P01000008166 1. Entity Name ERIBERTO CONSTRUCTION, INC. |  |
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| Principal Place of Business 7951 S.W. 40TH ST. SUITE 206 MIAMI, FL 33155 | Mailing Address 7951 S.W. 40TH ST. SUITE 206 MIAMI, FL 33155 |
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02262004 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 65-1071841 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LARIN, ERIBERTO L
 4724 NW 192 STREET
 MIAMI, FL 33055

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD LARIN, ERIBERTO L 4724 NW 192 STREET MIAMI, FL 33055 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Erberto Larin* **2/26/04** **305-261-6251**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #