

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90236 022 ***150.00

DOCUMENT # P01000038683 1. Entity Name BRANGEL CONSTRUCTION, CORP.			
Principal Place of Business 4010 SW 1ST AVENUE CAPE CORAL, FL 33914		Mailing Address 4010 SW 1ST AVENUE CAPE CORAL, FL 33914	
2. Principal Place of Business 1233 NW 35TH PL Suite, Apt. #, etc.		3. Mailing Address 1233 NW 35TH PL Suite, Apt. #, etc.	
City & State CAPE CORAL, FL Zip 33993-9408		City & State CAPE CORAL, FL Zip 33993-9408	
Country USA		Country USA	
4. FEI Number 65-1096586		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 ZELAYA, JAVIER O 4010 SW 1ST AVENUE CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name ZELAYA, JAVIER O Street Address (P.O. Box Number is Not Acceptable) 1233 NW 35TH PL City CAPE CORAL	
State FL		Zip Code 33993-9408	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME ZELAYA, JAVIER O STREET ADDRESS 4010 SW 1ST AVENUE CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE PD NAME ZELAYA, JAVIER O STREET ADDRESS 1233 NW 35TH PL CITY-ST-ZIP CAPE CORAL, FL 33993-9408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: <u>Javier O. Zelaya</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PRESIDENT 3/10/06 <small>Date</small>	
JAVIER O. ZELAYA		(239) 229-8473 <small>Daytime Phone #</small>	