

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040381

Entity Name: HOLCIM GROUP SUPPORT, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

5200 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5200 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-1101413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZWINGGI, ALOIS
Address: 5200 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: P () Delete
Name: BESTER, CHARL
Address: 5200 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: MORENO, CARLOS
Address: 5200 BLUE LAGOON DR, STE 400
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BESTER, CHARL
Address: 5200 BLUE LAGOON DRIVE, STE 400
City-St-Zip: MIAMI, FL 33126

Title: P (X) Change () Addition
Name: MORENO, CARLOS
Address: 5200 BLUE LAGOON DRIVE, STE 400
City-St-Zip: MIAMI, FL 33126

Title: S (X) Change () Addition
Name: SILVA, JOSE RAFAEL
Address: 5200 BLUE LAGOON DR, STE 400
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE RAFAEL SILVA

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04/28/2006

Electronic Signature of Signing Officer or Director

Date