FOR PROFIT CORPORATION ANNUAL REPORT

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2012 JUN 25 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000045941

1. Entity Name
Anchor Group Construction, Corp.

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
20458 Old Cutler Road		20458 Old Cutler Road	
Suite, Apt. #, etc. #180		Suite, Apt. #, etc. #180	
City & State MIAMI, FL		City & State Cutler Bay, FL	
Zip 33189	Country U.S.A.	Zip 33189	Country U.S.A.

4. FEI Number 65-1103627 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name Tania monteagudo
Street Address (P.O. Box Number is Not Acceptable)
20458 Old Cutler Road, #180
City Cutler Bay FL Zip Code 33189

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] 4/27/12
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150 00
After May 1, Fee is $550 00
Amended AR is $61 25
Make Check Payable to Florida Department of State

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

E-mail Address: nvrsurrender88@yahoo.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MONTEAGUDO, JOSE M. JR.
STREET ADDRESS	20458 OLD CUTLER ROAD
CITY-ST-ZIP	CUTLER BAY, FLORIDA 33189
TITLE	SVD
NAME	MONTEAGUDO, TANIA
STREET ADDRESS	20458 OLD CUTLER ROAD
CITY-ST-ZIP	CUTLER BAY, FLORIDA 33189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/25/12--01048--001 **150.00

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Late Fee waived due to clerical error.

JUN 25 2012
S. TONER

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 4/27/12 305 216-4446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #