FOR PROFIT CORPORATION "UNFORM BUSINESS REPORT (UBR

FILED May 05, 2006 8:00 am Secretary of State

4/26/2006

Date

(305) 408-6382

Daytime Phone #

UNIFC	אוופטם ואואנ	ESS KEPUKI	(UDK)	,	
DOCUMENT # P01000062117 1. Entity Name				05-05-2006 90187 046	***150.00
ILG D'CONSTRUCTIO	NI CORP				
JLG D'CONSTRUCTION CORP					
DO N	OT WRIT	E IN THIS S	SPACE		
2. Principal Place of Business 9921 NW 80 AVE		3. Mailing Address 16061 SW 104 TR		51	111000E
Suite, Apt. #, etc:		Suite, Apt. #, etc.		50019005 DO NOT WRITE IN THIS SPACE	
· · · · · · · · · · · · · · · · · · ·				4. FEI Number	
City & State HIALEAH GARDENS, FL		City & State MIAMI, FL		65-1114827	Applied For Not Applicable
Zip 33016	Country	Zip 33196	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
7. Name and Address of Curr					tered Agent
DO NOT WRITE			Name FERNANDEZ, JORGE L Street Address (P.O. Box Number is Not Acceptable)		
	1		City MIAMI	FL	Zip Code 33196
8. The above named	entity submits this	statement for the purpond accept the obligation	se of changing its regis	stered office or registered agent, or	both, in the
7. X	ann jayniyar willi, ai				410010000
SIGNATURE X	re typed or printed name	JORGE e of registered agent and title it	E L FERNANDEZ applicable. (NOTE: Regist	tered Agent signature required when reinstatin	4/26/2006 g) DATE
January (May) Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR 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
10.	OFFICERS	AND DIRECTORS	11.		
TITLE NAME	P FERNANDEZ, JORGE L		TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	16061 SW 104 TR MIAMI, FL 33196		STREET ADDRESS CITY-ST-ZIP	S	
TITLE NAME			TITLE NAME		
STREET ADDRESS			STREET ADDRES	S	
CITY-ST-ZIP - TITLE			CITY-ST-ZIP TITLE		
NAME			NAME	_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES CITY-ST-ZIP	s DO NOT W	RITE
TITLE			TITLE	IN THIS SE	PACE
NAME STREET ADDRESS			NAME STREET ADDRES		
CITY-ST-ZIP			CITY-ST-ZIP TITLE		
TITLE NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES CITY-ST-ZIP	8	
TITLE			TITLE		
NAME STREET ADDRESS			NAME STREET ADDRES	S	
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the certify that the inform	the information supp nation indicated on t	lied with this filing does not his report or supplemental r	quality for the exemption a report is true and accurate	stated in Section 119.07(3)(i), Florida Si and that my signature shall have the sa	atutes. I turther ame legal effect
as if made under oa	th; that I am an office	er or director of the corpora	tion or the receiver or trus	tee empowered to execute this report as	required by
I Chapter 607, Florida	Statutes; and that n	ny name appears in Block	10 or on an attachment wi	th an address, with all other like empow	ered.

JORGE L FERNANDEZ, PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR