

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000088270

1. Entity Name
DI OBRA CONSTRUCTION CORP.



Principal Place of Business
**9350 FOUNTAINEBLEU BLVD #C612
MIAMI, FL 33172**

Mailing Address
**9350 FOUNTAINEBLEU BLVD #C612
MIAMI, FL 33172**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1146329	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LOPEZ, RENSSO
9350 FOUNTAINEBLEU BLVD #C612
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

01/12/06-80051-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOPEZ, RENSSO
STREET ADDRESS	9350 FOUNTAINEBLEU BLVD #C612
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	D
NAME	LOPEZ, HUGO J
STREET ADDRESS	9350 FOUNTAINEBLEU BLVD #C612
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	D
NAME	LOPEZ, FANNY M
STREET ADDRESS	9350 FOUNTAINEBLEU BLVD #C612
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.9.06 (705) 262-0255

Date

Daytime Phone #