2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 08, 2008 8:00 am **Secretary of State** DOCUMENT # P01000088270 01-08-2008 90004 030 ***158.75 1. Entity Name DI OBRA CONSTRUCTION CORP. Principal Place of Business Mailing Address 40000246 9350 FOUNTAINEBLEU BLVD #C612 9350 FOUNTAINEBLEU BLVD #C612 MIAMI, FL 33172 MIAMI, FL 33172 io PO. Box# 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 01042008 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number 65-1146329 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOPEZ, RENSSO Street Address (P.O. Box Number is Not Acceptable) 9350 FOUNTAINEBLEU BLVD #C612 MIAMI, FL 33172 Zip Code City 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 JAN.04.08 **VENDENT** SIGNATUR rigistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE Change LOPEZ, RENSSO NAME NAME STREET ADDRESS 9350 FOUNTAINEBLEU BLVD #C612 STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP [☐ Change TIFLE TITLE ☐ Addition ☐ Delete NAME LOPEZ, HUGO J 9350 FOUNTAINEBLEU BLVD #C612 STREET ADDRESS STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete LOPEZ FANNY M NAME NAME STREET ADDRESS 9350 FOUNTAINEBLEU BLVD #C612 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

FILED