2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

FILED Apr 30, 2007 08:00 Al Secretary of State DOCUMENT # P01000089227 1. Entity Name DELAROSA CONSTRUCTION, INC. Principal Place of Business Mailing Address 13201 MARYLAND AVE 13201 MARYLAND AVE ASTATULA FL 34705 **ASTATULA FL 34705** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, otc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3747831 Not Applicable Zip Country 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 Name DELAROSA, JUAN M Street Address (P.O. Box Number is Not Acceptable) 103 ROSE AVE CLERMONT FL 34711 Zip Code 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 little if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition DELAROSA, JUAN M NAME U00000747387 103 ROSE AVE STREET ADDRESS STREET ADDRESS 05/17/07-80022-023 158.75 CLERMONT FL 34711 CHY-SI-ZIP CITY-ST-ZIP D Delete IIILE ☐ Change ☐ Addition DELAROSA, CARMEN M NAME. 103 ROSE AVE STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CITY-SI-ZIP IIIŒ. - Doleto - - Change Addition anc. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete IIIE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP TITU Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Juan M. de lu

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