FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # polovorassi 1. Entity Name 03 DEC | n PM !2: 39 PALAY CONSTANCTION, INCL SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 11713/5M 128 CF. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-1151942 シャングラン Not Applicable Country Country 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 22710s.w.1080 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 (NOTE: Registered Agent signature required when reinstating) After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE markines, Patricia NAME NAME STREET ADDRESS STREET ADDRESS 22713 60 1080 CITY-ST-ZIP CITY-ST-ZIP miams, pc. 33120 TITLE TITLE 300024653073 Francia, Chuisp NAME NAME STREET ADDRESS 2270 5410804 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP miant ph 33170 TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

Pahacia mandra - Pa

u/10/03

225 278 1561

Daytime Phone #

CR2E034B (12/02)

please Do Not Remove -

PATTY CONSTRUCTION, INC.

Fl Division of Corporations

To whom it may concern,

Please abate all penalties and fines, we did not receive the UBR until the company was dissolved.

Sincerely,

Patricia Martinez

President