

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90067 046 ***150.00

DOCUMENT # P01000119566
 1. Entity Name
 ESCOBEDO CONSTRUCTION, INC.



60017634



Principal Place of Business Mailing Address
 103 PERRY AVE. ESCOBEDO CONSTRUCTION INC.
 AUBURNDALE, FL 33823 US 103 PERRY AVE.
 AUBURNDALE, FL 33823 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02132006 Chg-P CR2E034 (11/05)

4. FEI Number 80-0022514 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ESCOBEDO, ADRIAN
 1049 BILTMORE
 WINTER HAVEN, FL 33881

7. Name and Address of New Registered Agent
 Name *Escobedo, Adrian*
 Street Address (P.O. Box Number is Not Acceptable) *103 Perry Avenue*
 City *Auburn dale* FL Zip Code *33823*

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]* DATE *2-13-2006*

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ESCOBEDO, ADRIAN 1049 BILTMORE WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Escobedo, Adrian</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>103 Perry Ave</i> <i>Auburn dale, FL 33823</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: *2-13-2006* DAYTIME PHONE #: *863 967 0832*