FILED
May 27, 2003 8:00 am
Secretary of State

04-30-2003 90148 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000001885

1. Entity Name
BERLING RODRIGUEZ MASONRY, INC.

55044070

Principal Place of Business: ~~1485 WEST 46TH STREET #303 HIALEAH, FL 33012~~

Mailing Address: ~~1485 WEST 46TH STREET #303 HIALEAH, FL 33012~~

2. Principal Place of Business: 2967 NW 59 St.
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33142 Country

3. Mailing Address: 2967 NW 59 St.
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33142 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0583201 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~GALLINAR, PEDRO M~~
~~6701 SUNSET DRIVE SUITE 100~~
~~MIAMI, FL 33143~~

7. Name and Address of New Registered Agent
Name: FEDERICO RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable): 2967 NW 59 St.
City: MIAMI FL Zip Code: 33142

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Checks Payable to Florida Department of State

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	PD RODRIGUEZ, FEDERICO 2967 NW 59 STREET MIAMI, FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RODRIGUEZ, ELSA 2967 NW 59 STREET MIAMI, FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elsa Perez, V.P. 4/29/03 305-638-5952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #