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Secretary of State

04-18-2007 90156 027 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000003017

1. Entity Name
MOJICA CONSTRUCTIONS INC.

Principal Place of Business	Mailing Address
2009 N W 34TH STREET MIAMI, FL 33142	2009 N W 34TH STREET MIAMI, FL 33142

03262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1835 W. Flagler St.		1835 W. Flagler St.	
Suite, Apt. #, etc.: 201		Suite, Apt. #, etc.: 201	
City & State: Miami, Florida		City & State: Miami, Florida	
Zip: 33135	Country: USA	Zip: 33135	Country: USA

4. FEI Number: 06-1671962 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOJICA, PEDRO ANTONIO JR.
2009 N W 34TH STREET
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name: Pedro Antonio Mojico
Street Address (P.O. Box Number is Not Acceptable): 2005 NW 34 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] 03/22/2007
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, 2007 Fee will be $550.00

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	P MOJICA, PEDRO ANTONIO JR. 2009 N W 34TH STREET MIAMI, FL 33142	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Benito Aba Candon 1740 SW 87 Ln. Miami FL 33165	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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] / President 03/22/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #