

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000037551**

**1. Entity Name**

**ESRA CONSTRUCTION GROUP, INC.**



**Principal Place of Business**

**2100 PONCE DE LEON BLVD., #600  
CORAL GABLES, FL 33134**

**Mailing Address**

**2100 PONCE DE LEON BLVD., #600  
CORAL GABLES, FL 33134**



04282006 No Chg-P CR2E034 (11/05)

**4. FEI Number**

**35-2203461**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**VILLANUEVA, CARLOS J ESQ.  
2100 PONCE DE LEON BLVD., #600  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

000000555984

05/16/06-20053-020-150.00

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME RAHAMIM, ELI R  
STREET ADDRESS 2100 PONCE DE LEON BLVD., #600  
CITY-ST-ZIP CORAL GABLES, FL 33134**

**TITLE VPD  
NAME COJAN DE RAHAMIM, VICTORIA  
STREET ADDRESS 2100 PONCE DE LEON BLVD., #600  
CITY-ST-ZIP CORAL GABLES, FL 33134**

**TITLE S  
NAME VILLANUEVA, CARLOS J  
STREET ADDRESS 2100 PONCE DE LEON BLVD., #600  
CITY-ST-ZIP CORAL GABLES, FL 33134**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CARLOS J. VILLANUEVA  
ESQ.**

**4-28-06 305-377-0812**