

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069227

FILED
May 07, 2009
Secretary of State

Entity Name: CONSTRUMADERA, CORPORATION

Current Principal Place of Business:

1150 NW 166 AVE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1150 NW 166 AVE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 02-0625290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARO, CAROLINA
1150 NW 166 AVE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRADO, LUIS C
Address: 1150 NW 166 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD () Delete
Name: CALLE V, LUIS H
Address: 1150 NW 166 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD () Delete
Name: CALLE, JULIA
Address: 1150 NW 166 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD () Delete
Name: ARIAS, PATRICIO
Address: 1150 NW 166 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD () Delete
Name: PRADO, ALICIA
Address: 1150 NW 166 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD () Delete
Name: HARO, CAROLINA
Address: 1150 NW 166 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLINA HARO

_____ Electronic Signature of Signing Officer or Director

SD

05/07/2009

_____ Date