FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 08, 2004 8:00 am Secretary of State

DOCUMENT # P02000090744 1. Entity Name					04-08-2004 90040 030 ***150.00		
Expandable Construction Int,Inc.							
e .	DO NOT WRITE	IN THIS SF	PAC				
	lace of Business	3. Mailing Address	······	***************************************	-		
	Okeechobee Rd	701 East Okeechobee Rd		COANTE METERS IN	L TO HO OD A OF		
Suite, Apt.	#, etc.	Suite, Apt. #. etc.			DO NOT WRITE IN	N THIS SPACE	
City & State THialeah , FI		City & State Hialeah ; Fl		4. FEI Number 41-2056012		Applied For Not Applicable	
Zip 33010	Country Miami-Dade	33010	Coun Mian	_{itry} ni-Dade	5. Certificate of Status Desired [□ \$8.75 Fee Re	Additional quired
00010]			7. Name and Address of Current Reg		
_				Name Joel Porrua			
DO NOT WRITE				Street Address	P.O. Box Number is Not Acceptable)		
IN THIS SPACE				701 East Okeechobee Rd			
				City Hialeah FL Zip Code 33010			Code
8. The above	named entity sybmits this statement for	the purpose of changing its	registere	*************************************	ered agent, or both, in the State of Florida		
	ions of registered agent.		Ü	•			
SIGNATURE .	2000	Joel	Porru	а		04/05/200	4
	Signature, typed of printed name of registered agent a nuary 1 - May√1 Fee is \$150.00	nd title it applicable. (NOTE	: Flegistere	d Agent signatura requiri	ed when reinstating)	DATE	
	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State			Election Campaign Financi Trust Fund Contribution.		55.00 May Be Added to Fees
10.	OFFICERS AND	<u> </u>					
TITLE	Porrua, Joel		TITLI	l l		4	6076
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information sincicated on this report or supplier/mental 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joel Porrua

ORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/2004

(305)887-6302

Date

Daytime Phone #