2004 FOR PROFIT CORPORATION

FILED Apr 29, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P02000093132 1. Entity Name 04-29-2004 90237 048 ***150.00 D & H CONSTRUCTION GROUP, INC. Mailing Address 169 EAST FEAGLER:STREE្បានក្រុងប្រាក់ 169 EAST-FLAGLER-STREET SUITE 1527 MIAMI FL 33131 MIAMI FL 33131 1.1 of \$4.50° 2. Principal Place of Business 3. Mailing Address 3239 NW 241 UNIVERSII Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For Coapl SPIINGS 6ABles 47-0892694 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **esus** DIAZ THOMPSON, DISNEY D Street Address (P.O. Box Number is Not Acceptable) 169 EAST FLAGLER STREET **SUITE 1527 MIAMI FL 33131** 8. The above named entity submits this statement for the purpose of changing its egistered 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 till FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS -ADDITIONS/CHANGES-TO OFFICERS AND DIRECTORS IN 11 " TITLE NAME D TITLE ☐ Delete ☐ Change ☐ Addition D'ALESSANDRI GARCIA , GUIDO JOSE NAME 169 EAST FLAGLER STREET, SUITE 1527 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** City-St-7IP D TITLE ☐ Delete Change ☐ Addition DIAZ, JESUS NAME NAME 169 EAST FLAGLER STREET, SUITE 1527 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131. CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME DIAZ, ALEJANDRA NAME STREET ADDRESS 169 EAST FLAGUER STREET, SUITE 1527 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TIT) F

NAME

SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Addition