2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2004 08:00 AM Secretary of State **DOCUMENT # P02000130511** CISNEROS & SONS CONSTRUCTION INC. Principal Place of Business Mailing Address 30451 HIBISCUS LANE 30451 HIBISCUS LANE BIG PINE KEY, FL 33043 BIG PINE KEY, FL 33043 CR2E034 (10/03) 03072004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2087694 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CISNEROS, OSCAR H DO NOT WRITE 30451 HIBISCUS LANE BIG PINE KEY, FL 33043 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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000113968 04/15/04-80030-011 150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS **PST** TITLE CISNEROS, OSCAR H NAME 30451 HIBISCUS LANE STREET ADDRESS CITY-ST-ZIP BIG PINE KEY, FL 33043 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITE P NAME STREET ADDRESS

12. 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🛴

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

SHEMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED