2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 27, 2009
Secretary of State

DOCUMENT# P03000003985

Entity Name: WMC CONSTRUCTION, INC.

Current Principal Place of Business:

27400 SW 163 CT.
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

27400 SW 163 CT.
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 03-0499214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAILLY, WALTER
27400 SW 163 CT.
HOMESTEAD, FL 33031 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

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: BRAILLY, WALTER G
Address: 27400 SW 163 CT.
City-St-Zip: HOMESTEAD, FL 33031

Title: P ( ) Delete
Name: LINARES, ALEJANDRA I
Address: 27400 SW 163 CT.
City-St-Zip: HOMESTEAD, FL 33031

Title: VP (X) Delete
Name: PARDINAS, MARIA B
Address: 2742 WEST 72 ST.
City-St-Zip: HIALEAH, FL 33016

Title: VPO (X) Delete
Name: CABRERA, JAVIER A
Address: 15031 SW 154 TERR
City-St-Zip: MIAMI, FL 33187

Title: S (X) Delete
Name: CABRERA, MIRAIDY
Address: 15031 SW 154 TERR
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: BRAILLY, WALTER G
Address: 27400 SW 163 CT.
City-St-Zip: HOMESTEAD, FL 33031

Title: SD (X) Change ( ) Addition
Name: LINARES, ALEJANDRA I
Address: 27400 SW 163 CT.
City-St-Zip: HOMESTEAD, FL 33031

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: ALINARES SD 05/27/2009

Electronic Signature of Signing Officer or Director — Date