2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State
03-26-2004 90008 025 ***150.00

54022522

03162004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000029048

1. Entity Name
SATURNO CONSTRUCTION & CONSTRUCTION MANAGEMENT, CO.

Principal Place of Business	Mailing Address
5923 FILLMORE ST. (REAR) HOLLYWOOD, FL 33021	5923 FILLMORE ST. (REAR) HOLLYWOOD, FL 33021

2. Principal Place of Business	3. Mailing Address
1715 SW Taurus Lane	1715 SW Taurus Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL	City & State: Port St. Lucie, FL
Zip: 34984 Country:	Zip: 34984 Country:

4. FEI Number 65-1177795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, ALBERTO
5923 FILLMORE ST. (REAR)
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1715 SW Taurus Lane
City Port St. Lucie FL Zip Code 34984

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SEPULVEDA, BETTY	NAME	
STREET ADDRESS	~~5923 FILLMORE ST. (REAR)~~	STREET ADDRESS	1715 SW Taurus Lane
CITY-ST-ZIP	~~HOLLYWOOD, FL 33021~~	CITY-ST-ZIP	Port St Lucie, FL 34984
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MUNOZ, ALBERTO	NAME	
STREET ADDRESS	~~5923 FILLMORE ST. (REAR)~~	STREET ADDRESS	1715 SW Taurus Lane
CITY-ST-ZIP	~~HOLLYWOOD, FL 33021~~	CITY-ST-ZIP	Port St. Lucie, FL 34984
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: [signature] Alberto Muñoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #