


FILED
Apr 24, 2006 8:00 am
Secretary of State

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1. Entity Name ALMAZAN & SON CONSTRUCTION GROUP, INC.			
Principal Place of Business 12980 RAYMOND DRIVE LOXAHATCHEE, FL 33470		Mailing Address 12980 RAYMOND DRIVE LOXAHATCHEE, FL 33470	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 80-0058208		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75	
6. Name and Address of Current Registered Agent ALMAZAN, SAMUEL J 12980 RAYMOND DRIVE LOXAHATCHEE, FL 33470			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00	
10. OFFICERS AND DIRECTORS TITLE PD NAME ALMAZAN, SAMUEL J STREET ADDRESS 12980 RAYMOND DRIVE CITY-ST-ZIP LOXAHATCHEE, FL 33470		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] DATE: 4/18/06			