2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 07, 2008 08:00 A Secretary of State DOCUMENT # P03000054132 MARPO CONSTRUCTION COMPANY INC. Principal Place of Business Mailing Address 7480 ALAFIA RIDGE LOOP 7480 ALAFIA RIDGE LOOP RIVERVIEW FL 33569 RIVERVIEW FL 33569 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 30-0179479 Not Applicable Ζip Country Ζp Country \$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 Name PORTALES, MARIO Street Address (P.O. Box Number is Not Acceptable) 7480 ALAFÍA RIDGE LOOP RIVERVIEW FL 33569 Zip Code City 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, typed or printed war ending stered agent and the thus process (NOTE: Registered Agent eight form required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ■ Addition Delete U00000885232 NAMÉ PORTALES, MARIO NAME 04/18/08-80005-019 150.00 STREET ADDRESS 7480 ALAFIA RIDGE LOOP STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZI? CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 1111.0 Darete THE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP HE Derete Change Addition NAME MEME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change INTE Deiete TITLE Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information indicated on this report or suppliemental report is tree 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

Daythie Francis

Date.