## 2006 FOR BROKET CORRORA

## **FILED** Mar 29, 2006 8:00 am Secretary of State

03-29-2006 90118 010 \*\*\*150.00

L REPORT

DOCUMENT # P03000057147 KUBÁ CONSTRUCTION, INC. Principal Place of Business Mailing Address 1786 TRADE CENTER WAY SUITE 2 1786 TRADE CENTER WAY SUITE 2 NAPLES, FL 34109 NAPLES, FL 34109 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02062006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 92-0184874 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of the Registered Agent 6. Name and Address of Current Registered Agent Kichord Kene KEMP, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4110 ENTERPRISE AVENUE, SUITE 210 NAPLES, FL 34104 Trada Center Zip Code 34109 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 name 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME KEMP, RICHARD L MR NAME 1786 TRADE CENTER WAY SUITE 2 STREET ADDRESS STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE Change NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MALE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition ☐ Change DDE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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, withfall other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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