2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2006 8:00 am Secretary of State 03-30-2006 90018 026 ***150.00

DOCUMENT # P03000058147 1. Entity Name PLAYA CONSTRUCTION, INC.							90018 026 ***1	50.00
Principal Place of Business Mailing Address					•	11581		
355 SW 17 AVE Homestead, FL 33030		355 SW 17 AVE HOMESTEAD, FL 33030		•			n aandi ahish ishel wan etek hi	is io c i 11 prol
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122006	Chg-P	CR2E034 (11/05))
City & State		City & State		4. FEI Number 55-083			pplied For lot Applicable	
Zip	Country	Zip	Country			of Status Desired	S8.75 Ac	
	6. Name and Address of Curren	t Registered Agent	Nar		7. Name and	Address of New R	egistered Agent	
CARDOZA, JUAN 355 SW 17 AVE				Street Address (P.O. Box Number is Not Acceptable)				
HOMESTEAD, FL 33030								
				ity FL Zip Code				
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered offi	ce or registe	red agent, or bol	h, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE_	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	TE: Registered Agent	signature require	d when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Con		\$5 	.00 May Be ded to Fees			
10. OFFICERS AND DIRECTORS 11.			11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARDOZA, JUAN 355 SW 17 AVE HOMESTEAD, FL 33030	☐ Delete	TITLE NAME STREET ADDR	PD CA 14 HO	RDOZA.	JUAN 285 TERR	ACE 033.	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	BESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CHY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDI CITY-ST-ZIP				☐ Change	Addition

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, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #