2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2006 8:00 am **Secretary of State** DOCUMENT # P03000059930 1. Entity Name 02-17-2006 90072 046 ***150.00 CORDOBA CONSTRUCTION COMPANY, INC. Principal Place of Business 12457 78TH PLACE LOETH 12457 78TH PLACE 10277 WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412 2. Principal Place of Business 3. Mailing Address 12457 18171 PLACE LORT PCACE LORTH Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 65-1190400 PAZIT WEST WEST PART BEACO Not Applicable \$8.75 Additional ^{Zip} 33412 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORDOBA DITHA CORDOBA, JITKA 12457 78TH PLACE LOCTH Street Address (P.O. Box Number is Not Acceptable) BOYAL PALM BEACH FL 33412 12457 78777 PLACE NORTH 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 JITHA COEDOBA (NOTE: Registered Agent signature required when registating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE Addition TITLE CORDOBA, JOSE G NAME 12457 78TH PLACE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33412 ☐ Delete ☐ Change Addition CORDOBA, JITKA NAME STREET ADDRESS STREET ADDRESS 12457 78TH PLACE NORTH CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH 33 33412 ☐ Delete TITLE THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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Date

Daytime Phone #