2007 FOR PROFIT CORPORATION

Apr 09, 2007 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P03000063673 1. Entity Name AMD CONSTRUCTION, INC. Principal Place of Business Mailing Address 10151-SW 1 ST 10151 SW 1 ST PLANTATION, FL 33324 PLANTATION, FL 33324 02142007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2674278 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent CABALLERO, JESUS DO NOT WRITE 10151 SW 1 ST PLANTATION, FL 33324 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CABALLERO, JESUS 10151 SW 1 ST STREET ADDRESS U00000696332 04/17/07-80095-025 150.00 CITY-ST-ZIP PLANTATION, FL 33324 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

STANTURE AND THE PROPERTY ON OFFICER OR DIRECTOR

1_2-07

954 472-5828

FILED

PRESIDENT

Daytime Phone #