2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 15, 2006 8:00 am **Secretary of State** DOCUMENT #_P03000069450 1. Entity Name 02-15-2006 90037 023 ***150.00 LEIVA INVESTMENTS & CONSTRUCTION INC. Principal Place of Business Mailing Address 2202 SW 26 ST. CAPE CORAL FL 33914 2202 SW 26 ST. CAPE CORAL FL 33914 2. Principal Place of Business 1307 SWEmbers Terr. 3. Mailing Address 1307 SW Embers Terr. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Cape Coral City & State Applied For Cape Coral 4. FEI Number , FL 68-0556689 Not Applicable Zip Country Country \$8.75 Additional 33991 5. Certificate of Status Desired 33991 Lee Lee 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACOBO, LUIS F Street Address (P.O. Box Number is Not Acceptable) 6230 WEST 21 CT. HIALEAH FL 33016 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing 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 10. OFFICERS AND DIRECTORS BILE TITLE Change Addition ☐ Delete Leiva, Claudio T LEIVA, CLAUDIO T NAME NAME 1307 SW Embers Terr STREET ADDRESS 2202 SW 26 ST STREET ADDRESS Cape Coral, FL 33991 CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP ☐ Delete TITLE Change Addition Gorges, Mayra E NAME BORGES, MAYRA E NAME 1307 SW Embers Terr STREET ADORESS STREET ADDRESS 2202 SW 26 ST Cape Coral, FL 33991 CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

Claudio T- Leiva-

SIGNATURE AND TYPED OR

FILED