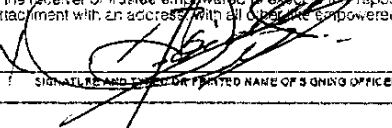


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90379 023 ***150.00

DOCUMENT # P03000073152					
1. Entity Name FORTY TWO CONSTRUCTION CORP.					
Principal Place of Business 3642 NE 171 ST APT 302 N MIAMI BEACH, FL 33160			Mailing Address 8500 WEST FLAGLER ST SUITE: B-208 MIAMI, FL 33144		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-0077738				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TORRES, RAMON 3642 NE 171 ST APT 302 N MIAMI BEACH, FL 33160				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
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's signature required when reinstating))					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐		
			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	DP	☐ Delete			
NAME	TORRES, RAMON				
STREET ADDRESS	3642 NE 171 ST APT 302				
CITY-STATE-ZIP	N MIAMI BEACH, FL 33160				
TITLE	DV	☐ Delete			
NAME	TORRES, CONSUELO				
STREET ADDRESS	3642 NE 171 ST APT 302				
CITY-STATE-ZIP	N MIAMI BEACH, FL 33160				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
12. I hereby certify that the information supplied with this filing 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 changes empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: April 26-06					
Daytime Phone #					

40074004



04272006 Chg-P CR2E034 (11/05)