

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P03000074202</b> 1. Entity Name <b>SEALTEC CONSTRUCTION GROUP, INC.</b>						<b>FILED</b> <b>06 MAR -9 PM 12: 58</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>6157 NW 167TH ST F15 MIAMI, FL 33015</b>				Mailing Address <b>6157 NW 167TH ST F15 MIAMI, FL 33015</b>			
2. Principal Place of Business		3. Mailing Address				03062006    Chg-P    CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>PORTA, JOSE 2221 NW 101 TERRACE PEMBROKE PINES, FL 33026</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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) _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: P <input type="checkbox"/> Delete NAME: PORTA, JOSE STREET ADDRESS: 2221 NW 101 TERRACE CITY-ST-ZIP: PEMBROKE PINES, FL 33026				TITLE: VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: RICHARD ROBERTS STREET ADDRESS: 5050 DYKES RD CITY-ST-ZIP: MIAMI, FL 33331			
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP:			
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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 my address, with all other like empowered.							
<b>SIGNATURE: X</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/6/06    (305)SSB-7174 <small>Date    Daytime Phone #</small>			