2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 11, 2007 08:00 AM DOCUMENT # P03000080158 **Secretary of State** 1. Entity Name CEMAR CONSTRUCTION SERVICES INC Principal Place of Business Mailing Address 15060 SW 149 AVE 15060 SW 149 AVE MIAMI, FL 33196 MIAMI, FL 33196 CR2E034 (11/05) 01042007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0103767 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CERRITOS, MARCIAL V DO NOT WRITE 15060 SW 149 AVE MIAMI, FL 33196 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. U00000581870 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 01/11/07-80009-003 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MILE Þ NAME CERRITOS, MARCIAL V 15060 SW 149 AVE STREET ADDRESS MIAMI, FL 33196 _ CITY-ST-ZE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MALLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-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 other like empowered

SIGNATURE:

TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

786- 412-8407

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