



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000109832 1. Entity Name PIRAMIDAL CONSTRUCTION ENTERPRISES, CORP.						FILED 05 FEB -8 AM 11:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1060 WEST 46TH ST. HIALEAH, FL 33012				Mailing Address 1060 WEST 46TH ST. HIALEAH, FL 33012			
2. Principal Place of Business		3. Mailing Address				12102004 REIN-P CR2E098 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 20-0277705				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOLEDO, FELIX E 8851 NW 119 ST., APT. 3404 HIALEAH GARDENS, FL 33018				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOLEDO, FELIX E 8851 NW 119 ST., APT. 3404 HIALEAH GARDENS, FL 33018			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 04-05 500046901995 02/21/05--01011--002 ***300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARAY, FRANCISCO J 1060 WEST 46TH ST. HIALEAH, FL 33012			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without other like empowered.							
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				01/18/05 (305) 825-1770 Date Daytime Phone #			