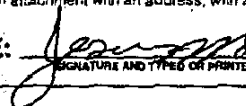


FILED
Jun 09, 2004 8:00 am
Secretary of State

05-03-2004 90428 033 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000121213			
1. Entity Name COMPLETE OPTION CONSTRUCTION, INC.			
Principal Place of Business 29935 SW 149 COURT HOMESTEAD, FL 33033 US		Mailing Address 29935 SW 149 COURT HOMESTEAD, FL 33033 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0353618		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOURIN, JESUS 29935 SW 149 COURT HOMESTEAD, FL 33033		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP P MOURIN, JESUS 29935 SW 149 COURT HOMESTEAD, FL 33033		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE ☒ Delete NAME STREET ADDRESS CITY - ST - ZIP VP ZARAGOZA, JUAN CARLOS 10940 SW 116 AVENUE MIAMI, FL 33167		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP ST ALONSO, DULCE M 29935 SW 149 COURT HOMESTEAD, FL 33033		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
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 all other like empowered.			
SIGNATURE:  Jesus Mourin P		4-27-2004 305-820-3337	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Cityline Phone #	