2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2005 8:00 am Secretary of State **DOCUMENT # P03000121477** 1. Entity Name 04-22-2005 90282 022 ***150.00 GABRIEL OLI VINCE CONSTRUCTION INC. Principal Place of Business Mailing Address 28552 SONNY DRIVE 28552 SONNY DRIVE C/OLPUUA WESLEY CHAPEL, FL 33544 US WESLEY CHAPEL, FL 33544 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0341686 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELACRUZ, ROGELIO Street Address (P.O. Box Number is Not Acceptable) 28552 SONNY DRIVE WESLEY, CHAPEL, FL 33544 Zip Code 8. The above named entity submost 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 r printed name of registered agent and title if applicab 9 Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change ☐ Addition TITLE TITLE DELACRUZ, ROGELIO NAME NAME 28552 SUNNY DRIVE STREET ADDRESS STREET ADDRESS 3 3544 WESLEY CHAPEL, FL 33544 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE DELACRUZ, JANNELL NAME NAME 28552 SUNNY DRIVE STREET ADDRESS STREET ADDRESS 3544 WESLEY CHAPEL, FL 33544 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change THIF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-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 suppliemental 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:

FILED