2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P03000121477** 1. Entity Name 05-01-2006 90430 001 ***150.00 GABRIEL OLI VINCE CONSTRUCTION INC. Principal Place of Business Mailing Address 28552 SONNY DRIVE 28552 SONNY DRIVE OCSATANC WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 US 2. Principal Place of Business 28544 SWWY 3. Mailing Address 28544 SONNY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 04172006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-0341686 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRUIL **DELACRUZ, ROGELIO** Street Address (P.O. Box Number is Not Acceptable) 28552 SONNY DRIVE WESLEY CHAPEL, FL 33544 8. The above named en ity submits this statement for the purpose of changing its registered offi ed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of OGEL10 SIGNATURE (NOTE: Registered Agent signature required when il applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete ☐ Change ☐ Addition TITLE TITLE DELACRUZ, ROGELIO NAME NAME 3544 SONNY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-ZIP Delete TITLE Change ☐ Addition CT_SURFITE LANCET NAME NAME FLA CRUZ, 544 SONNY oof Excorate En STREET ADDRESS STREET ADDRESS CITY-ST-ZIF WESLEY CHAPEL, FL 33544 CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change noitinhA I 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 supplied 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 of 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 attactment with an address, with all other like empowered. SIGNATURE:

FILED

May 01, 2006 8:00 am