2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 08, 2006 8:00 am Secretary of State 05-08-2006 90284 016 ***150.00 DOCUMENT # P03000126035 1. Entity Name J.C.V. CONSTRUCTION ENTERPRISE, INC. 40001411 Principal Place of Business Mailing Address 17360 SW 232 STREET, LOT 51 17360 SW 232 STREET, LOT 51 MIAMI, FL 33170 MIAMI, FL 33170 2. Principal Place of Business 3. Mailing Address 7360 SW 7360 SI 04242006 Chg-P CR2E034 (11/05) OH 5 -O+ 5 City & State City & State 4 FELNumber Applied For 41 ami γ_{1} and APPLIED FOR Not Applicable フラ | 31<u>70</u> Zip Country \$8,75 Additional 5. Certificate of Status Desired 33 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VICTORERO, JUAN C Street Address (P.O. Box Number is Not 17360 SW 232 STREET, LOT 51 MIAMI, FL 33170 41 am 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!!` FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition Juan C victorero VICTORERO, JUAN C NAME NAME 232ST LOT 51 17360.SW 17360 SW 232 STREET, LOT 51 STREET ADDRESS STREET ADDRESS MIAMI, FL 33170 CITY-ST-ZIP 33170 CITY-ST-ZIP liami iFL ___ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change Addition 3MAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Thanne ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #