2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153113

Name:

Address:

City-St-Zip:

ARGENTO, ALEXANDRE

ORLANDO, FL 32835

7250 WEST POINT BLVD APT 1016

FILED Feb 10, 2005 Secretary of State

Entity Name: MARCELO CONSELHO CONSTRUCTION INC					
Current Pri	of Business:	New Princ	New Principal Place of Business:		
8147 WELL ORLANDO,	SMERE CIR FL 32835	US			
Current Ma	s:	New Maili	New Mailing Address:		
8147 WELL ORLANDO,	SMERE CIR FL 32835	US			
FEI Number:	16-1669930	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()
Name and	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
RIVERA, CR 5950 LAKER 246 ORLANDO,		5950 LAKE 246	ACCOUNT BOOKKEEPING CORP 5950 LAKEHURST DRIVE 246 ORLANDO, FL 32819 US		
The above r		submits this statement for the pu	rpose of changing i	ts register	red office or registered agent, or both,
SIGNATUR	IE LARSON		02/10/2005		
	ic Signature of Registered Agen	t	Date		
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () BOM CONSELF 8147 WELLSM ORLANDO, FL	ERE CIR	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	DVP () BOM CONSELF 8147 WELLSM ORLANDO, FL	ERE CIR	Title: Name: Address: City-St-Zip:		() Change () Addition
Title [.]	s ()	Delete	Title [.]	S	(X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARCELO BOM CONSELHO DP 02/10/2005

SILVEIRA, PAULO ROBERTO

ORLANDO, FL 32811

4732 OLIVE BRANCH RD APT 1211