2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 05, 2005 8:00 am Secretary of State DOCUMENT # P04000045014 1. Entity Name 04-05-2005 90049 042 ***158.75 MARLENE CONSTRUCTION, CORP. Principal Place of Business Mailing Address 1901 NW SOUTH RIVER DR #57F MIAMI FL 33125 1901 NW SOUTH RIVER DR #57F MIAMI FL 33125 Delete 2. Principal Place of Business 3. Mailing Address 3105 Sw 27th Terras 3105 SW 27 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-0869585 Not Applicable Zip Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATAMOROS, ELBA M Street Address (P.O. Box Number is Not Acceptable) 1901 NW SOUTH RIVER DR #57F MIAMI FL 33125 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President TITLE TITLE Delete 🔀 Change ☐ Addition Juan E. Avelar MATAMOROS, ELBA M NAME NAME 3105 Sw 27th Terrace STREET ADDRESS 1901 NW SOUTH RIVER DR #57F STREET ADDRESS Miami. 41. 33133 CITY-ST-ZUP MIAMI FL 33125 CITY-ST-7iP Director TITLE X Change ☐ Addition Delete Melvian Matamoros NAME PRAVIA, WILLIAM A NAME 3105 SW 27th Terrace 1901 NW SOUTH RIVER DR #57F .-STREET ADDRESS STREET ADDRESS MIAMI FL 33125 CITY-ST-7IP CITY-ST-7/P TITLE Defete. TITLE ~[--]·Addition~ NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITEF ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED