2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 01, 2007 08:00 A Secretary of State DOCUMENT # P04000051232 NCJD CONSTRUCTION, CORP. Principal Place of Business Mailing Address 18721 NE 3 COURT APT 307 18721 NE 3 COURT APT 307 MIAMI BEACH, FL 33179 MIAMI BEACH, FL 33179 01262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0901118 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARMONA, JUAN DO NOT WRITE 18721 NE 3 COURT APT 307 MIAMI BEACH, FL 33179 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME CARMONA, JUAN 18721 NE 3 COURT APT 307 STREET ADDRESS City-St-ZiP MIAMI BEACH, FL 33179 THLE STREET ADDRESS CITY-ST-ZIP U00000652137 03/12/07-80006-014 150.00 TILLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS 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 1 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

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