2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 8:00 am **DOCUMENT # P04000056592** Secretary of State 05-01-2006 90360 007 ***150.00 A-TEAM CONTRACTORS GROUP, INC. Principal Place of Business Mailing Address 170 S.W. 63 RD AVENUE 170 S.W. 63 RD AVENUE MIAMI, FL 33144 US MIAMI, FL 33144 US 2. Principal Place of Business 3. Mailing Address 3273 S.W. 142 Place Suite, Apt. #, etc. 3273 S.W. 142 Place Suite, Apt. #, etc. 04172006 CR2E034 (11/05) 4. FEI Number 43-2068203 APPLIED FOR City & State City & State Applied For Florida 33175 Miami, Florida 33175 Miami, Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Santana, Yourdetty SANTANA, YOURDETTY Street Address (P.O. Box Number is Not Acceptable) 171 S.W. 63 RD AVENUE MIAMI, FL 33144 3273 S.W. 142 Place Zip Code Miami <u> 33175</u> 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. Yourdetty Santana 04.25.2006 SIGNATURE (NOTE: Registered Agent signature required when reinstating) acient and title if adolicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 П After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PST □ Delete TITLE ☐ Change Addition VP SANTANA, YOURDETTY NAME NAME Alexey Leyva STREET ADDRESS 170 S.W. 63 RD AVENUE STREET ADDRESS 3273 S.W. 142 Pl 3273 S.W. 142 Pl CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP Miami, Fl 33175 Miami. Fl 33175 TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change TITLE ■ Addition TILE ☐ Delete 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

CICMATHDE.

Cin /2

FILED