


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90330 014 ***150.00

DOCUMENT # P04000058275		
1. Entity Name ALMOLADERAS CONSTRUCTION CORP		

Principal Place of Business 5244 DAMASCOS ROAD JACKSONVILLE, FL 32207 US	Mailing Address 5244 DAMASCOS ROAD JACKSONVILLE, FL 32207 US
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50010413



2. Principal Place of Business 4450 Vancouver Dr Suite, Apt. #, etc.	3. Mailing Address 4450 Vancouver Dr Suite, Apt. #, etc.
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04042006 Chg-P CR2E034 (11/05)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32207	Country Doval

4. FEI Number 20-0961840	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTINEZ, ESTEBAN 5244 DAMASCOS ROAD JACKSONVILLE, FL 32207	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MARTINEZ, ESTEBAN 5244 DAMASCOS ROAD JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Esteban Martinez 4450 Vancouver Dr. Jacksonville, FL 32207 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Juan Pablo Salgado 4450 Vancouver Dr Jacksonville, FL 32207 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jose Gilberto Gonzales 4450 Vancouver Dr Jacksonville, FL 32207 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Esteban Martinez L. 4-6-06 904-759-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #