## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Nam	MENT # P04 STRUCTION GR		69 <sup>°</sup>			<i>L</i>	, W ,	, .	
Principal Place of Business			Mailing Address			1 1	1		
8840 SW 43RD TERR MIAMI, FL 33165			8840 SW 43RD TERR MIAMI, FL 33165			1 1	105 900		
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04152005	Chg-P (	CR2E034 (10/03)	) 
City & State			City & State			4. FEI Number   Applied For   Not Applicable			
Zip							e of Status Desired S8.75 Additional Fee Required		
	6. Name and Addr	ess of Current Rec	istered Agent		Name	- 7. Name and A	ddress of <del>Now Reg</del> it	tered Agent	
CERVERA, JAIME 8840 SW 43RD TERR MIAMI, FL 33165			Street Addre			(P.O. Box Number is Not Acceptable)			
					City FI Zip Code				
the obligate SIGNATURE.	Soneure, type of Tyleseller  E NOW!!! FEE IS ay 1, 2005 Fee w	of registered agent and t	AIML CARVER.  AIML CARVER.  Set applicable (NOTI	F: Registere	d Agent signature required		in the State of Florida	DATE	a, and accept
10,		OFFICERS AND DIF	ECTORS	11.		ADDITIONS/C	HANGES TO OFFICE	RS AND DIRECTOR	RS IN 11
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERVERA, JAIME 8840 SW 43RD TE MIAMI, FL 33165		☐ Delete	TITU NAM STRE	E		TALLAH	Change	☐ Addition
TITLE NAME STREET ADDRESS CIFY-ST-ZIP			☐ Delete				SSEE, FI	Chappen P. C.	Addition
TITLE NAME STREET ADDRESS CIFY-ST-ZIP			☐ Delate		· I	-	UKIE	Change 5	Addition .
TIFLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				333 J. J	□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dolele		1	١.		☐ Change	☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dolele	-			!	☐ Change	☐ Addition
12. Thereby indicated of the conchanged	rporation or the receiver , or on an attachment w	on supplied with this emental report is tru or rustee ompowe whan address, with	s filing does not qualify for e and accurate and that is red to execute this report all other like empowered	as requ	ired by Chapter 60.	/, Florida Statutes;	Florida Statutes. I fur as if made under oath and that my name ap	ther certily that the ; that I am an office pears in Block 10	information er or director or Block 11 it

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR