2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2006 08:00 AM Secretary of State

ANNUAL REPORT			Secretary of State
DOCUMENT # P04000062469			Secretary of State
1. Entity Name KIN CONSTRUCTION GROUP, INC.			
	,		,
Principal Place of Business	Mailing Address		
8840 SW 43RD TERR	8840 SW 43RD TERR Miami, Fl. 33165		
MIAMI, FL 33165	minimi, rc 33 103		t ceernest in pain plain pain pain ann ann ann anns anns inns sinis sinis istisst it issi
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DO NOT WRITE IN THIS SPACE			04172008 (No Chg-P
			4. FEI Number Applied For 20-1012731 Not Applicat
			5. Certificate of Status Desired
6. Name and Address of	Current Registered Agent		
CERVERA, JAIME			DO NOT WRITE
8840 SW 43RD TERR MIAMI, FL 33165	•		IN THIS SPACE
			IN THIS SPACE
The should excite as holis this sta	tomant for the aurence of changing its roo	intered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	teuteur idt tite borbose of custuâliik ve sañ	isterad Onice or Tegiste	ingo agent, or botti, it the diate of Florida. Fam tahunar with, and abbot
SIGNATURESignature, typed or princed name of regi	stered agent and title it applicable (MOTE: Re	preserved Agent signature require	id when reinstating) DATE
FILE NOW!!! FEE IS \$150 After May 1, 2006 Fee will be	9. Election Campaign 1 7. Trust Fund Contribu		ded to Fees
\	ERS AND DIRECTORS	_	
TITLE PD NAME CERVERA, JAIME		1	
STREET ADDRESS 8840 SW 43RD TERR CITY-ST-ZIP MIAMI, FL 33165		•	
TIFLE		- -{	05/01/06-80069-012 150.0
NAME STREET ADDRESS		1	33, 44, 42 33, 43
CKTY-ST-ZIP]	
TITLE NAME		•	
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CITY-SI-ZIP			IN THIS SPACE
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NAME STREET ADDRESS		[•
CITY-SI-ZIP			
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied entail 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 for 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:

STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

De

Daytime Phone fi