2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000067776

1. Entity Name
SAN CRISTOBAL CONSTRUCTION SERVICES, INC.

FILED
05 JUL 26 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12905 SW 199 AVE. MIAMI, FL 33196	12905 SW 199 AVE. MIAMI, FL 33196

07182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4545 NW 7 STREET	4545 NW 7 STREET
Suite, Apt. #, etc. SUITE # 12	Suite, Apt. #, etc. SUITE # 12
City & State MIAMI	City & State MIAMI
Zip / Country FL33126 / MIAMI DADE	Zip / Country FL 33126 / MIAMI DADE

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, ROSA A 12905 SW 199 AVE. MIAMI, FL 33196	Name Street Address (P.O. Box Number is Not Acceptable) 691 EAST 63 STREET City HIALEAH FL Zip Code 33013

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PSD PEREZ, ROSA A 3241 NW 18TH TERRACE MIAMI, FL 33125	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[X] Change [ ] Addition 691 EAST 63 STREET HIALEAH, FL 33013
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VTD DIAZ, EVELIO 3241 NW 18TH TERRACE MIAMI, FL 33125	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST ZIP	[X] Change [ ] Addition 691 EAST 63 STREET HIALEAH, FL 33013
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST ZIP	[ ] Change [ ] Addition 900058644929 08/16/05--01021--021 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition 900058644929 08/16/05--01021--022 **400.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ JUL 19 2005 786-355-7055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Williams JUL 26 2005