2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2005 8:00 am Secretary of State DOCUMENT # P04000084990 1. Entity Name 05-04-2005 90159 036 ***150.00 L.L.A. CONSTRUCTION, INC. Principal Place of Business Mailing Address 3923 THOMASSON LANE 3923 THOMASSON LANE NAPLES, FL 34112 NAPLES, FL 34112 2. Principal Place of Business 3. Mailing Address 4720 PENNY LANE 4720 Penr Sulte, Apt. #, etc. Suite, Apt. #, etc. 04302005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For lake worth FL 20-1230744 AKE WORTH FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Palm Beart 3346 l 33461 Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Resendiz TOSE RESENDIZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 3923 THOMASSON LANE NAPLES, FL 34112 4720 Penny Lanc Worth 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. President SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PNS TITLE ☐ Delete TITLE PDS Chance ■ Addition RESENDIZ, JOSE Resenctiz Jose 4720 Penny Lane NAME NAME STREET ADDRESS 3923 THOMASSON LANE STREET ADDRESS NAPLES, FL 34112 CITY-S1-ZIP CITY-ST-ZIP Lake worth FL 3346 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ RESENDIZ ALICIA NAME STREET ADDRESS STREET ADDRESS 4720 Penny Lane CITY-ST-ZIP CITY-ST-7IP ake worth FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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. 56 082-963-6173 SIGNATURE:

FILED