2006 FOR PROFIT CORPORATION

FILED Apr 12, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P04000086366 PARRAS CONSTRUCTION OF MIAMI CORP. Principal Place of Business Mailing Address 719 SW 10 ST. 719 SW 10 ST. FLORIDA CITY, FL 33034 FLORIDA CTTY, FL 33034 CR2E034 (11/05) 02092006 ' No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1093353 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent PATLAN, SILVANO DO NOT WRITE 719 SW 10 ST FL CITY, FL 33034 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 -After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD 7/T) F 000000504228 04/26/06-80064-001 150.00 NAME PATLAN, SILVANO STREET ADDRESS 719 SW 10 ST. City-57-21P FLORIDA CITY, FL 33034 71717 MAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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, without other file shipowered.

SIGNATURE: _

TIFLE NAME STREET ADDRESS CITY-ST-70P

TEO NAME OF SIGNING OFFICER OR DIRECTOR