2005 FOR PROFIT CORPORATION

FILED Apr 18, 2005 8:00 am Secretary of State

I	Aili	IOAL IX	<u> </u>			٦ ،	Secreta	ary o	1 St	ate
DOCUMENT # P0400093822 1. Entity Name AMERICAN FLORIDA MASONRY, INC.							04-18-2005	•		
Principal Plac	re of Rusiness	м	ailing Address							
*			337 NE 28TH ST							
			4IAMI, FL 33137							
•										
Principal Place of Business						-{				
E. I IIIIGIPAIT	IACE OF DUSINESS	0.	o. Maining Address							
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			03172005	Chg-P	9 000000	4 (10/03)	
City & Stat	te		City & State			4. FEI Numbe		<u>.</u>	I A	polied For
							55-08	15104	. —	ot Applicable
Zip	Country		Zip	Count	гу		of Status Desired	_ \	8.75 Ad	
				<u> </u>					ee Require	ed
	6. Name and Address of	of Current Regis	stered Agent		Name	7. Name and	Address of New I	Registered A	gent	
LOPEZ, W	VALTER S	• =		~- ~ [TABILIC	- -			~	
337 NE 28	BTH ST				Street Address	(P.O. Box Number	er is Not Acceptabl	e)		
MIAMI, FL	. 33137			ŀ						
				L						
					City			FL	Zip Cod	ie
8. The above	a named entity submits this st	tatement for the	ourpose of changing its	reaistere	d office or registe	red agent, or bot	th, in the State of Fi	orida. Lam fa	⊥ miliar with	and accept
	tions of registered agent.				· · · - 3 · - · •					,
01011471107	•									
SIGNATURE.	Signature, typed or printed name of reg	gistered agent and title	if applicable. (NOT	E. Registered	Agent signature require	d when reinstating)		DATE		
	E NOW!!! FEE IS \$15 ay,1, 2005 Fee will b		9. Election Campa Trust Fund Cont	aign Finand tribution.		.00 May Be ded to Fees				
10.	OFFICERS AND I		DIRECTORS		?	ADDITIONS/	CHANGES TO OF	ICERS AND	DIRECTOR	IS IN 11
TITLE	PD	☐ Delete		TITLE					☐ Change	Addition
NAME	LOPEZ, WALTER S			NAME						
STREET ADDRESS	337 NE 28TH ST				T ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33137			CITY-	ST-ZIP					
TITLE			☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS				NAME						
CITY-ST-ZIP					T ADDRESS ST-ZIP					
				-					Channa	(T) 64436
TITLE NAME			☐ Delete	TITLE NAME	i				Change	Addition Addition
STREET ADDRESS					T ADDRESS					
_CITY-ST-ZIP		<u> </u>	+		ST-ZiP		- ·			
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NAME			50.50	NAME						
STREET ADDRESS				STREE	1 ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP					
TITLE			☐ Delete	TITLE	T				Change	Addition
NAME				NAME						;
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CITY - ST - ZIP				CITY-	ST-ZIP					
TITLE			☐ Delete	TITLE					Change	Addition
NAME CTOFFT ADDRESS				NAME						
STREET ADDRESS	i			STREE	T ADDRESS					

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05 (305) 573 4629