
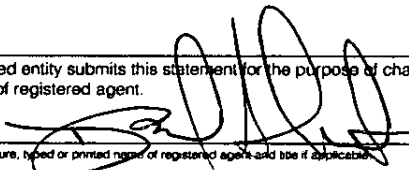
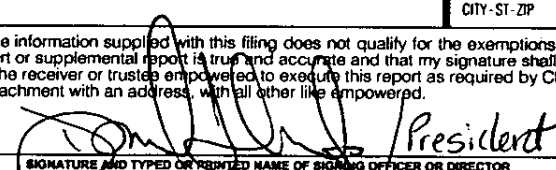


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90039 016 \*\*\*150.00

<b>DOCUMENT # P04000125336</b> 1. Entity Name <b>PROJECT 1 CONSTRUCTION, INC.</b>					
Principal Place of Business <b>3800 SW 129TH AVE MIAMI, FL 33175</b>			Mailing Address <b>3800 SW 129TH AVE MIAMI, FL 33175</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1627559</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CUESTA, DANIEL A 3800 SW 129TH AVE MIAMI, FL 33175</b>				Name <b>Daniel Fernando Cuesta</b> Street Address (P.O. Box Number is Not Acceptable) <b>3800 SW 129th Avenue</b> City <b>Miami</b> FL Zip Code <b>33175</b>	
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  <small>Signature, typed or printed name of registered agent and fee if applicable</small>				DATE <b>2-01-07</b> <small>(NOTE: Registered Agent signature required when reissuing)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <b>CUESTA, DANIEL A</b> STREET ADDRESS <b>3800 SW 129TH AVE</b> CITY - ST - ZIP <b>MIAMI, FL 33175</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>Daniel Fernando Cuesta</b> STREET ADDRESS <b>3800 SW 129th Avenue</b> CITY - ST - ZIP <b>Miami, FL 33175</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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:  <b>President</b> <b>2-01-07</b> <b>(305) 554-5924</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					