

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000127000

FILED
Jun 18, 2008
Secretary of State

Entity Name: ALEMAN CONSTRUCTION SERVICES INC.

Current Principal Place of Business:

2722 MAJESTIC OAKS CT
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

PO BOX 2456
PLANT CITY, FL 33564

New Mailing Address:

FEI Number: 55-0881533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEMAN, MARIA D
2722 MAJESTIC OAKS CT
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ALEMAN, EBODIO JR.
Address: 2722 MAJESTIC OAKS CT
City-St-Zip: PLANT CITY, FL 33566

Title: VP () Delete
Name: ALEMAN, MARIA D
Address: 2722 MAJESTIC OAKS CT
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA D ALEMAN

VP

06/18/2008

Electronic Signature of Signing Officer or Director

_____ Date