2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

Pinicipal Piace of Business Se20 SM 16 STREET MRMI, FL 33155 Salto, Apt. 4 orc. Salto, Apt. 4 orc. Salto, Apt. 4 orc. Salto, Apt. 4 orc. Cry & Salto Country Applicable A REFERENTIAN Reference of Business Superior of Country A Reference of Business Salto, Apt. 4 orc. Cry & Salto Cry & Salto Cry & Salto A Reference of Business	DOCUMENT # P04000138581 1. Entity Name O T CONSTRUCTION COMPANY						05-02-2005 9	0976 020 ***15	50.00	
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City & State Country Country Country S. Certificate of Status Desired State State	2. Principal Place of Business		3. Mailing Address							
Zip Country 8: Certification of Status Desired Sa. TS Additional Fee Requisited Agent T. Name and Address of New Registered Agent T. Name and Address T. Name and Ad	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252005	Chg-P	CR2E034 (10/03	3)		
S. Certificing of Status Desired Figs Peoplinas TRAVIESO, OMAR F 9820 SW 16 STREET MIAMI, FL 33165 TREE TRAVIESO, OMAR F 9820 SW 16 STREET Signature, visual or preson when depend again and the in readiculate. ONCE Programmed and the interest Financing of Trust Fund Contribution. S. S. OM May Be 7920 SW 16 STREET S. S. S. OM May Be 7920 SW 16 STREET S. S. OM MAY F. S. OM	City & State				4. FEI Number 43 - 2	063891	i			
TRAVIESO, OMAR F 9820 SW 16 STREET MIAMI, FL 33165 City FL Zip Code	Zip 		<u></u>	Coun	ılry			Fee Requ		
TRAVIESO, OMAR F 9820 SW 16 STREET MIAMI, FL 33165 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 TILE NOWIII FEE IS \$150,00 after May 1, 2005 Fee will be \$550,00 after May 1, 2005 Fee w		6. Name and Address of Current	Registered Agent		NI.	7. Name and	Address of New R	egistered Agent		
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code	TRAVIESO	OMAR F			Name					
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Riorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU	9820 SW 16 STREET				Street Address (P.O. Box Number is Not Acceptable)					
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SIGNATURE Signature recurred or printed common during agent and titles i applications. PILE NOWILIS FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME STREET ADDRESS CITY-ST-2P MIAMI, FL 33165 TITLE NAME STREET ADDRESS CITY-ST-2P MIAMI, FL 33166 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STR					City			FL Zip C	xde	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Horida 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

OMAR F. TRAVIESO

305-223-3322

Date

Date