2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2005 8:00 am Secretary of State 04-08-2005 90082 016 ***150.00 **DOCUMENT # P04000152889** FRANCISCO & CARLOS CONSTRUCTION, CORP Principal Place of Business Mailing Address 66012579 2230 NW 105TH STREET 2230 NW 105TH STREET MIAMI, FL 33147 MIAMI, FL 33147 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apl. #, etc. 03312005 Chg-P CR2E034 (10/03) 4. FEI Number 20 - 185 9839 City & State City & State · Applied For Not Applicable Zio Country Zin Country \$8.75 Additional 5. Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, CARLOS Street Address (P.O. Box Number is Not Acceptable) **2230 NW 105TH STREET** MIAMI, FL 33147 City Zip Code FL 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 regis SIGNATURE . name of registered agent and little If applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P-PRESIDENT RODRIGUEZ CARLOS TITLE (Deleta TITLE HENRIQUEZ, FRANCISCO NAME NAME STREET ADDRESS 880 W 74TH #203 STREET STREET ADDRESS 2230NW 105 ST CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP MIAMI FL TITLE Detete THLE ☐ Change RODRIGUEZ, CARLOS GRANADO IVETTE NAME NAME 2230 NW 105 57 STREET ADDRESS **2230 NW 105TH STREET** STREET ADDRESS MIAMI, FL 33147 CITY-ST-ZIP CITY-ST-ZIP IAMI TILE ____ TISLE Deleta ☐ Change ☐ ☐ Addition WALKE NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TILL MILE Delete Change Addition NAME T HAMS STREET ADORESS STREET ADDRESS CATY-SI-71P CITY-ST-ZIP TILE Delate TITLE Ctrange ☐ Addition NULE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Add lion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607. SIGNATURE:

MO TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED