
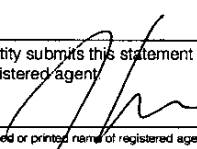
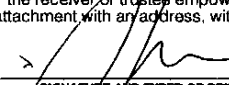


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90163 001 \*\*\*150.00

<b>DOCUMENT # P04000161155</b> 1. Entity Name <b>ALSIL CONSTRUCTION CORP.</b>																																					
Principal Place of Business <b>6619 SW 116TH PALCE UNIT C MIAMI, FL 33173</b>			Mailing Address <b>6619 SW 116TH PALCE UNIT C MIAMI, FL 33173</b>																																		
2. Principal Place of Business <b>6619 SW 116TH PL</b>		3. Mailing Address <b>6619 SW 116TH PL</b>																																			
Suite, Apt. #, etc. <b>UNIT C.</b>		Suite, Apt. #, etc. <b>UNIT C.</b>																																			
City & State <b>MIAMI, FL.</b>		City & State <b>MIAMI, FL.</b>																																			
Zip <b>33173</b>	Country	Zip <b>33173</b>	Country	4. FEI Number <b>20-1944703</b>																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																	
6. Name and Address of Current Registered Agent  <b>LAW OFFICES OF ANIBAL J. DUARTE-VIERA, P.A. 5835 BLUE LAGOON DRIVE STE 200 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>DOMINGUEZ, ALBERTO</b> Street Address (P.O. Box Number is Not Acceptable) <b>6619 SW 116TH PL UNIT C</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33173</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:  DATE: <b>03/01/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>D DOMINGUEZ, ALBERTO 6619 SW 116TH PALCE UNIT C MIAMI, FL 33173</b> <input type="checkbox"/> Delete           </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOMINGUEZ, ALBERTO 6619 SW 116TH PALCE UNIT C MIAMI, FL 33173</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>D DOMINGUEZ, ALBERTO 6619 SW 116TH PL UNIT C MIAMI, FL 33173</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOMINGUEZ, ALBERTO 6619 SW 116TH PL UNIT C MIAMI, FL 33173</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOMINGUEZ, ALBERTO 6619 SW 116TH PALCE UNIT C MIAMI, FL 33173</b> <input type="checkbox"/> Delete																																				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOMINGUEZ, ALBERTO 6619 SW 116TH PL UNIT C MIAMI, FL 33173</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																				
12. I hereby certify that the information supplied with this filing 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.																																					
SIGNATURE: 			Date: <b>03/01/05</b> Daysime Phone #																																		