
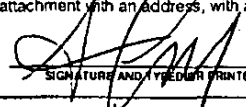


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 23, 2005 8:00 am
Secretary of State

05-06-2005 90094 036 ***150.00

DOCUMENT # P04000171351																											
1. Entity Name MIAMI CONSTRUCTION CONSULTANTS, INC.																											
Principal Place of Business 4920 NW 79 AVE #6 APT 312 MIAMI FL 33166		Mailing Address 4920 NW 79 AVE #6 APT 312 MIAMI FL 33166																									
2. Principal Place of Business		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip		Zip																									
Country		Country																									
33165		USA																									
4. FEI Number 11-3752456		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																									
CRUZ, ADDAMYS 4920 NW 79 AVE #6 APT 312 MIAMI FL 33166		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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), 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: 		4/29/05 205 205-6632																									
SIGNATURE AND A FURTHER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									