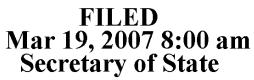
## 2007 FOR PROFIT CORPORATION



ANNOAL REPORT						urj or $\approx 0$	
DOCUMENT # P0500000475  1. Entity Name F P EXCAVATION CORP.						90052 033 ***15	0.00
Principal Place of Business  7085 W 16 AVE.  HIALEAH, FL 33014  Mailing Address  7085 W 16 AVE.  HIALEAH, FL 33014					)3669Z 		<b>                </b>
Principal Place of Business - No P.O. Box #     3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20-2102	576	<b>├</b>	oplied For ot Applicable
Zip	Country Zip Court		Country	5. Certificate of	Status Desired	S8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and A	ddress of New i	Registered Agent	
SANTOS, PEDRO E				Name			
7085 W 16 AVE. HIALEAH, FL 33014			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			City	5: <u>5: 6</u>		FL Zip Cod	е
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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE  9. Election Campaign Financing \$5.00 May Be							
FIL After Ma	E NOW!!!  FEE IS \$150.00 ay 1, 2007 Fee will be \$550.			\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE	Р	☐ Delete	TITLE			☐ Change	Addition
NAME	SANTOS, PEDRO E		NAME				
STREET ADDRESS CITY-ST-ZIP	7085 W 16 AVE. HIALEAH, FL 33014		STREET ADDRESS CITY-ST-ZIP				
TITLE	V	☐ Delete	TITLE			☐ Change	Addition
NAME	CRUZ, GILBERTO		NAME				
STREET ADDRESS CITY-ST-ZIP	6025 NW 113 TERRACE MIAMI, FK 33012	•	STREET ADDRESS CITY-ST-ZIP				
TITLE	S	☐ Delete	TITLE			Change	☐ Addition
NAME	TEJERA, ROBERTO R		NAME				
STREET ADDRESS CITY-ST-ZIP	15210 SW 77 AVENUE MIAMI, FL 33157		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
49   basebur	I	h this filias does not qualify for	the everations contr	sined in Chapter 110	Elevido Ctetutes	I further portifu that the i	of a small and

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #