## FILED May 12, 2006 8:00 am Secretary of State **2006 FOR PROFIT CORPORATION ANNUAL REPORT** DOCUMENT # P05000002566 05-12-2006 90026 021 \*\*\*150.00 1. Entity Name LADINO'S CONSTRUCTION, INC. Principal Place of Business Mailing Address 14950 SCHOONER BAY LANE 14950 SCHOONER BAY LANE APT 19101 APT 19101 NAPLES, FL 34119 US NAPLES, FL 34119 US 2. Principal Place of Business 3. Mailing Address 4003 12TH ST 4003 12TH Suite, Apt. #, etc. Suite, Apt. #, etc 01242006 Cha-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State Acres FL Lehigh 20-2105855 ⊂hiah Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33971 Fee Required\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YONHY LADINO LADINO, YONNY F Street Address (P.O. Box Number is Not Acceptable) 14950 SCHOONER BAY LANE APT 19101 NAPLES, FL 34119 4003 12+H ST City Acres Zip Code 33971 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. 1/ZA/OG SIGNATURE 2 rinted name of registered agent and title if applicable. [ ] Fig. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITL F Change ☐ Addition LADINO, YONNY F NAME LADINO YONNY F STREET ADDRESS 14950 SCHOONER BAY LANE STREET ADDRESS 4003 12TH ST W CITY-ST-ZIP LEHIGH ACRES FL 33971 CITY-ST-ZIP NAPLES, FL 34119 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change \_\_ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST,-ZIP

12. 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: X

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITI F NAME

TITLE

NAME

NAME

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06 (239) 878-2412