


**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

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**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P05000045120			
1. Entity Name CEPEDA CONSTRUCTION INC			
Principal Place of Business 13809 KAPOK CT 12G TAMPA, FL 33613		Mailing Address 13809 KAPOK CT 12G TAMPA, FL 33613	
2. Principal Place of Business 604 E. Virginia av.		3. Mailing Address 604 E. Virginia av.	
City & State Plant city FL		City & State Plant city (FL)	
Zip 33563		Country U.S.A.	
4. FEI Number 412169297		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CEPEDA-ALVARO H-MR 13809 KAPOK CT 12G TAMPA, FL 33613		7. Name and Address of New Registered Agent Name: ALVARO HERNAN CEPEDA Street Address (P.O. Box Number is Not Acceptable): 604 E. Virginia av. City: Plant city FL Zip Code: 33563	
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 _____ <small>SIGNATURE, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P CEPEDA, ALVARO H MR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEPEDA, ALVARO H MR	NAME	
STREET ADDRESS	13809 KAPOK CT APT12G	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33613	CITY-ST-ZIP	
TITLE	PRESIDENT CEPEDA, ALVARO H-MR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEPEDA, ALVARO H-MR	NAME	
STREET ADDRESS	604 E. Virginia av.	STREET ADDRESS	
CITY-ST-ZIP	Plant city FL 33563	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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: <u>Alvaro H. CEPEDA</u>		Date: <u>6-24-06</u> (813)8171230	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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