
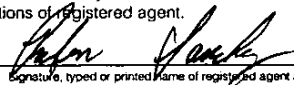
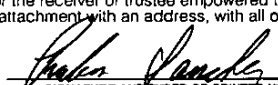


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90115 028 ***150.00

DOCUMENT # P05000046375					
1. Entity Name SANCHEZ BROTHERS CONSTRUCTION INC					
Principal Place of Business 355 CALBECK WAY POINCIANA, FL 34758			Mailing Address 355 CALBECK WAY POINCIANA, FL 34758		
2. Principal Place of Business 341 CALBECK WAY Suite, Apt. #, etc.		3. Mailing Address 341 CALBECK WAY Suite, Apt. #, etc.			
City & State Poinciana, Florida Zip 34758 Country USA		City & State Poinciana, Florida Zip 34758 Country USA		4. FEI Number 20-2576248	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANCHEZ, RUBEN 355 CALBECK WAY POINCIANA, FL 34758			7. Name and Address of New Registered Agent Name: SANCHEZ, RUBEN Street Address (P.O. Box Number is Not Acceptable): 341 CALBECK WAY City: Poinciana FL Zip Code: 34758		
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 reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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		
TITLE: P NAME: SANCHEZ, RUBEN STREET ADDRESS: 355 CALBECK WAY CITY-ST-ZIP: POINCIANA, FL 34758	<input type="checkbox"/> Delete		TITLE: P NAME: SANCHEZ, RUBEN STREET ADDRESS: 341 CALBECK WAY CITY-ST-ZIP: POINCIANA, FL 34758	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: Daytime Phone #:		