2008 FOR PROFIT CORPORATION

Apr 17, 2008 08:00 Al Secretary of State ANNUAL REPORT DOCUMENT # P05000070693 CONSTRUKOM USA CORP. Principal Place of Business Mailing Address 1166 NE 182 STREET 1166 NE 182 STREET NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 03132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2834752 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOLADO, GUSTAVO DO NOT WRITE **1166 NE 182ND STREET** NORTH MIAMI BEACH, FL 33162 IN THIS SPACE 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, typed or printed nerrie of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000903156 П After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BOLADO, GUSTAVO D NAME STREET ADDRESS 1166 NE 182 STREET CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 supplied antal 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 of thustee 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

| SIGN | ATU | RE | Ξ: |
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STREET ADDRESS CITY+ST-ZIP

ING OFFICER OR DIRECTOR

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