

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

11 MAY 23 PH 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **POS000074135**

1. Entity Name

Construcciones USA Inc



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2. Principal Place of Business - No P.O. Box #

7853 Gunn Hwy

3. Mailing Address

Same Address

Suite, Apt. #, etc.

235

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33626

Country

US

Zip

Country

4. FEI Number

20-2933285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034B (1/11)

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7. Name and Address of Current Registered Agent

Name

Pablo Izaguirre

Street Address (P.O. Box Number is Not Acceptable)

12813 Big Sky Dr

City

Tampa

FL

Zip Code

33625

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 re-instating)

DATE

5/16/2011

January 1 - May 1 - Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

cjsa2005@gmail.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Pablo Izaguirre
STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300207294453
05/06/11-01007-013 ***150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/16/11 813 899 1020

5/23/11