2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 07, 2008 08:00 A Secretary of State DOCUMENT # P05000097802 CONSTRUCTORS OF MIAMI, INC. Principal Place of Business Mailing Address 4301 COLLINS AVENUE, 4301 COLLINS AVENUE, #308 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 04-3822016 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRESTON, RONALD Street Address (P.O. Box Number is Not Acceptable) 4301 COLLINS AVENUE #308 MIAMI BEACH, FL 33140 Zip Code City 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 i anno of registried agent wirthtle if applicable DATE (NOTE: Registered Agent eignature requirant when reinintating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change Addition ☐ Derete TITLE TITLE PRESTON, RONALD NAME NAME STREET ADDRESS 4301 COLLINS AVE. #308 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-7/2 , O[] Addition U00000885070 □ Change 04/17/08-80069-007 150. TITLE ☐ Derete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Derete ппг SMAL NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP ☐ Change Addition Da ete TETLE TITLE NAMU NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ___ Change ☐ Addition Derete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change Addition TITLE Derete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is fruid 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the property of the property o

ith all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachme