



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90012 008 ***150.00

DOCUMENT # P05000113648					
1. Entity Name PIRAMIDAL CONSTRUCTION, INC					
Principal Place of Business P.O. BOX 226588 MIAMI, FL 33122			Mailing Address P.O. BOX 226588 MIAMI, FL 33122		
2. Principal Place of Business - No P.O. Box # 8851 NW 119 ST		3. Mailing Address 8851 NW 119 ST			
Suite, Apt. #, etc. 3404		Suite, Apt. #, etc. 3404			
City & State HIALEAH GARDEN FL		City & State HIALEAH GARDEN, FL			
Zip 33018		Country DADE		4. FEI Number 20-3325508	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LLERENA, JUSTO 310 EAST 58TH ST. HIALEAH, FL 33013			7. Name and Address of New Registered Agent Name: LLERENA, JUSTO Street Address (P.O. Box Number is Not Acceptable) 10645 SW 7 TERR City: MIAMI FL Zip Code: 33174		
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, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P LLERENA, JUSTO 310 E. 58TH ST. HIALEAH, FL 33013	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LLERENA, JUSTO 10645 SW 7 TERR MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOLEDO, FELIX E. 8851 NW 119TH ST., APT. 3404 HIALEAH GARDEN, FL 33018	<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	V TOLEDO, FELIX E. 8851 NW 119TH ST., APT. 3404 HIALEAH GARDEN, FL 33018	<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	V TOLEDO, FELIX E. 8851 NW 119TH ST., APT. 3404 HIALEAH GARDEN, FL 33018	<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	V TOLEDO, FELIX E. 8851 NW 119TH ST., APT. 3404 HIALEAH GARDEN, FL 33018	<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	V TOLEDO, FELIX E. 8851 NW 119TH ST., APT. 3404 HIALEAH GARDEN, FL 33018	<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 TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/23/08 Daytime Phone #: (786) 298 9102					