2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000122178

FILED Mar 28, 2007 8:00 am Secretary of State 03-28-2007 90014 026 ***150.00

Signature Sign	1. Entity Nam CHINGOI	N CONSTRUCT	ION CORP						03-28-2	007 9001	4 020	130.00
Suite, Apl. #, etc. Suite, Apl. #, etc. City & State Ci	320 NW BLVD			320 NW BLVD				∰ብብ#AAA~				
City & State Country S. Certificate of Status Desired Status Desired Stread Address of New Registered Agent Name Siread Address of New Registered Agent Name Siread Address (P.O. Box Number is Nex Acceptable) City FL Zip Code City FL Zip Co	Principal Place of Business - No P.O. Box # 3. Mailing Address											
Zip Country Zip Country S. Certificate of Sistus Desired S. S. 75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of regi	Suite, Apt. #, etc.			Suite, Apt. #, etc.				03162007	Chg-P	CR2E	034 (12/06)	
S. Controlled of Status Desired Fee Required	City & State								=:			plied For at Applicable
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip			Country						Fee Require		
URBINA JOSE 320 NW BLVD MAMI, FL 33126	6. Name and Address of Current Registered Agent					Name		7. Name and	Address of New	Registered	Agent	
B. 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. Jam familiar with, and ach the obligations of registered agent. SIGNATURE Signature, typed or prived reame of registered agent	320 NW BLVD											
B. 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 ac the obligations of registered agent. SIGNATURE						City				FI	Zip Cod	e
Signature, typed or primod name of registered apent and title of application (NOTE: Registered Apont signature required when constitutor) DATE	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.											
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10.	SIGNATURE.	Signature, typed or printed na	me of registered agent and title	if applicable. (NOT	E: Registers	d Agent signature r	required	when reinstating)	· · ·	DATE		
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CITY-ST-ZIP 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	NAME STREET ADORESS CITY-ST-ZIP				NAM Stre City	EET ADDRESS -ST-ZIP						Addition

numerous or this report or suppremental 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 THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/07 Dayture Phone #