FILED
Apr 03, 2006 8:00 am
Secretary of State

03-21-2006 90009 049 ***150.00

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03072006 Chg-P CR2E034 (11/05)

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000142452

1. Entity Name
J.M.V. STRUCTURAL STEEL FABRICATION, CORP.

Principal Place of Business	Mailing Address
6986 NW 42 ST. MIAMI, FL 33166	6986 NW 42 ST. MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
13959 SW 9 ST	SAME AS #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33184 / Country: USA	Zip / Country

4. FEI Number: 20-3651643 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORFFI, JESUS E. 6986 NW 42 ST. MIAMI, FL 33166	Name: Jesus E. Morffi Street Address (P.O. Box Number is Not Acceptable): 13959 SW 9 ST City: MIAMI FL Zip Code: 33184

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 X [signature] DATE 3/6/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP MORFFI, JESUS E. 6986 NW 42 ST. MIAMI, FL 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Morffi Jesus 13959 SW 9 ST Miami FL 33184 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: X [signature] 3/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #