2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 15, 2006 8:00 am Secretary of State DOCUMENT # P05000150723 1. Entity Name 08-15-2006 90003 047 ***158.75 PRD CONSTRUCTION INC. Principal Place of Business Mailing Address 1261 KIA DRIVE 1261 KIA DRIVE HOMESTEAD, FL 33033 HOMESTEAD, FL 33033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 07082006 Chg-P 4. FEI Number Applied For City & State City & State %6 20-3804 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 53 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAMIREZ, SAUL Street Address (P.O. Box Number is Not Acceptable) 1261 KIA DRIVE HOMESTEAD, FL 33033 City Zip Code FL 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD TITLE ☐ Chance ☐ Addition ☐ Delete RAMIREZ, SAUL NAME STREET ADDRESS 1261 KIA DRIVE STREET ADDRESS CITY-ST-7IP HOMESTEAD, FL 33033 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daviane Phone #

FILED