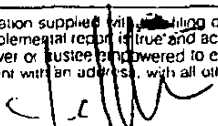


**FILED**  
**Jul 27, 2006 8:00 am**  
**Secretary of State**

66022315

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                             |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P05000152741</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | 02-09-2006 90048 015 ***150.00                                                                                                                                              |                                                                   |
| <b>1. Entity Name</b><br>LIMA DEVELOPMENT AND CONSTRUCTION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                            |                                                                   |
| <b>Principal Place of Business</b><br>2640 S BAYSHORE DR<br>MIAMI FL 33133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | <b>Mailing Address</b><br>2640 S BAYSHORE DR<br>MIAMI FL 33133                                                                                                              |                                                                   |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | <b>3. Mailing Address</b>                                                                                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | Suite, Apt. #, etc.                                                                                                                                                         |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | City & State                                                                                                                                                                |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                           | Zip                                                                                                                                                                         | Country                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | <b>4. FEI Number:</b> Applied For<br><b>5. Certificate of Status Desired:</b> <input type="checkbox"/> \$8.75 Additional Fee Required                                       |                                                                   |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | <b>7. Name and Address of New Registered Agent</b>                                                                                                                          |                                                                   |
| LIMA, FELIX<br>2640 S BAYSHORE DR<br>MIAMI FL 33133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | Name                                                                                                                                                                        |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | Street Address (P.O. Box Number is Not Acceptable)                                                                                                                          |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | City                                                                                                                                                                        |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | FL Zip Code                                                                                                                                                                 |                                                                   |
| <b>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.</b><br><br>SIGNATURE _____ DATE _____<br><small>(Signature must be printed name of registered agent and like a duplicate) (NOTE: Registered Agent signature required when transferring)</small>                                                                                                                                                                                                                   |                                   |                                                                                                                                                                             |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00.</b><br><b>After May 1, 2006 Fee Will Be \$550.00.</b><br><b>Make Check Payable to Florida Department of State.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | <b>9. Election Campaign Financing Trust Fund Contribution:</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                  |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete | TITLE                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LIMA, FELIX                       | NAME                                                                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2640 S BAYSHORE DR                | STREET ADDRESS                                                                                                                                                              |                                                                   |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MIAMI FL 33133                    | CITY - ST - ZIP                                                                                                                                                             |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete | TITLE                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LIMA, ALAN L                      | NAME                                                                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2640 S BAYSHORE DR                | STREET ADDRESS                                                                                                                                                              |                                                                   |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MIAMI FL 33133                    | CITY - ST - ZIP                                                                                                                                                             |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete   | TITLE                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | NAME                                                                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | STREET ADDRESS                                                                                                                                                              |                                                                   |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | CITY - ST - ZIP                                                                                                                                                             |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | PAID                                                                                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete   | TITLE                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | NAME                                                                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | STREET ADDRESS                                                                                                                                                              |                                                                   |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | CITY - ST - ZIP                                                                                                                                                             |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete   | TITLE                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | NAME                                                                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | STREET ADDRESS                                                                                                                                                              |                                                                   |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | CITY - ST - ZIP                                                                                                                                                             |                                                                   |
| <b>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 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.</b> |                                   | <b>SIGNATURE:</b> <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | DATE: 1/26/06<br>CK #: 150.00<br>AMOUNT: 150.00                                                                                                                             |                                                                   |

The following features are not inherent in all security features:

|                      |                                                                  |
|----------------------|------------------------------------------------------------------|
| Security Features    | Permanent appearance if altered                                  |
| Security Screen      | Absence or modification of "Original" watermark                  |
| Microprint Signature | Presence of tiny words, dotted line                              |
| Microprint Signature | Presence of tiny words, dotted line                              |
| Chemical Sensitivity | Disappearance in signature line                                  |
|                      | Disappearance of stains or spots appear with chemical alteration |