

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160598

FILED
Apr 30, 2008
Secretary of State

Entity Name: CONSTRUCTION SOLUTIONS OF MIAMI CO.

Current Principal Place of Business:

18090 COLLINS AVE
T 17/86
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

18090 COLLINS AVE
T 17/86
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

16919 NORTH BAY ROAD
601
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

16919 NORTH BAY ROAD
601
SUNNY ISLES BEACH, FL 33160

FEI Number: 20-3607184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRA, PATRICIA S
18090 COLLINS AVE
#T 17/86
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

PARRA, PATRICIA
16919 NORTH BAY ROAD
601
SUNNY ISLES BEACH, FL 33160 US

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.

SIGNATURE: PATRICIA PARRA

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CASTRO, PABLO
Address: 18090 COLLINS AVE # T 17/86
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DP () Delete
Name: PARRA, NELSON D
Address: 17471 NE 19TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S () Delete
Name: PARRA, PATRICIA
Address: 18090 COLLINS AVE # T 17/86
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PARRA, NELSON D
Address: 17471 NE 19TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DP (X) Change () Addition
Name: CASTRO, PABLO S
Address: 16919 NORTH BAY ROAD # 601
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: S (X) Change () Addition
Name: PARRA, PATRICIA
Address: 16919 NORTH BAY ROAD # 601
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA PARRA

S

04/30/2008

Electronic Signature of Signing Officer or Director

Date