2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 14, 2007 8:00 am Secretary of State DOCUMENT # P06000028027 05-14-2007 90092 004 ***150.00 WESTSIDE MASONRY CONTRACTORS, INC. darra Principal Place of Business Mailing Address 8218 SILVER BIRCH WAY 8218 SILVER BIRCH WAY LEEHIGH ACRES, FL 33971 US LEEHIGH ACRES, FL 33971 US 2. Principal Place of Business - No P.O. Box # 15 dlo 18 5 Sw Suite, Apt. #, etc. Suite, Apt. #, etc. 05012007 CR2E034 (12/06) City & State Applied For 902 FO Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRIETO, JESUS 8218 SILVER BIRCH WAY LEEHIGH ACRES, FL 33971 B. The above named entity submits this star ment for the purpose of changing its registered office or regis ered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of distered agen (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE-NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD President Jesus Feleto TITLE Delete TITLE Change : ■ Addition NAME PRIETO, JESUS NAME 4526 2854 50 STREET ADDRESS 8218 SILVER BIRCH WAY STREET ADDRESS CITY-ST-ZIP 33971 LEEHIGH ACRES, FL 33971 CITY-ST-ZIP STD TITLE Delete TITLE Change ☐ Addition PRIETO, JAMES NAME NAME James STREET ADDRESS 8218 SILVER BIRCH WAY STREET ADDRESS CITY-ST-ZIP LEEHIGH ACRES, FL 33971 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE Сhange □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in of the corporation or the receiver or trustee empower changed, or on an attachment will an address, with my name appears in Block 10 or Block 11 if

FILED