


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90027 004 ***158.75

| | |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P06000028813 |  |
| 1. Entity Name E.L.E. CONSTRUCTION INC | |

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|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business 7520 SW 141 AVENUE MIAMI, FL 33183 | Mailing Address 7520 SW 141 AVENUE MIAMI, FL 33183 |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

60018572



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|--------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box # 7520 SW 141 ave | 3. Mailing Address 7520 SW 141 ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

02112007 Chg-P CR2E034 (12/06)

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|------------------------------|------------------------------|
| City & State miami | City & State MIAMI |
| Zip FL | Country 33183 |
| Country FL | Zip 33183 |

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|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 20-4379860 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent ESPINOSA, EVERARDO A 7520 SW 141 AVENUE MIAMI, FL 33183 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|

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.

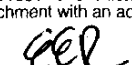
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

| | |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| | | | |
|---------------------------------------------|---------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME ESPINOSA, EVERARDO A | | NAME | |
| STREET ADDRESS 7520 SW 141 AVE | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI, FL 33183 | | CITY-ST-ZIP | |
| TITLE VP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME ESPINOSA, LAZARA D | | NAME | |
| STREET ADDRESS 7520 SW 141 AVENUE | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI, FL 33183 | | 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 | |
| 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 | |

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:  **Feb 20/2007** **7863909899**

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