2007 FOR PROFIT CORPORATION

Apr 23, 2007 8:00 am Secretary of State ANNUAL REPORT 04-23-2007 90101 003 ***150.00 DOCUMENT # P06000041672 **BUILDERS CHOICE CONSTRUCTION INC** 40076774 Principal Place of Business Mailing Address 18495 SOUTH DIXIE #246 18495 SOUTH DIXIE #246 MIAMI, FL 33157 MIAMI, FL 33157 2. Principal Place of Business - No P.O. Bo> # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03092007 City & State City & State 4. FEI Number Applied For Not Applicable 20-4552187 Zip Country Zip Country \$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 Name OLIVIERI, ANTONELLA Street Address (P.O. Box Number is Not Acceptable) 7744 SW 193 ST MIAMI, FL 33157 City 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPVS 111111 ☐ Delete ☐ Change ■ Addition HILE OLIVIERI, ANTONELLA NAME NAME STREET ADDRESS 7744 SW 193 ST STREET ADDRESS CITY-ST-ZiP MIAMI, FL 33157 CITY ST-ZIP ☐ Defete 11111.6 ☐ Change ☐ Addition OLIVIERI, ANTONELLA NAME STREET ADDRESS 7744 SW 193 ST STREET ADDRESS CITY-ST-71P MIAMI, FL 33157 CITY-ST-ZIP DILE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILLE Delete THE ☐ 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-\$1-ZIP TITLE Delete TITLE Change Addition

12. Thereby 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 empswered 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 ap-addiags, with alpother like empowered.

NAME

STREET ADDRESS

CITY-ST ZIP

SIGNATURE: ←→

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Ptione #

FILED