2008 FOR PROFIT CORPORATION

Jan 25, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P06000081045** 01-25-2008 90034 014 ***150.00 **VORTEX CONSTRUCTION CORPORATION** Principal Place of Business Mailing Address 40010713 13945 SW 24 STREET 13945 SW 24 STREET MIAMI, FL 33175 MIAMI, FL 33175 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5046649 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent QUINONES MIGUEL A DO NOT WRITE 13945 SW 24 STREET MIAMI, FL 33175 IN THIS SPACE 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 reinstaling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE QUINONES, MIGUEL A NAME 13945 SW 24 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

PPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

HIGUEL A. QUINONES

01-16-08 305

FILED