, 2007 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	MENT # P060 CONSTRUCTION,		SE	1 OCT -5 CRETARY (LAHASSEE)F STA	TE				
Principal Place of Business 14540 SW 136 STREET # 100 MIAMI, FL 33186			Mailing Address 14540 SW 136 STREET # 100 MIAMI, FL 33186			10.				H10310
2. Principal Pl	ace of Business - No P.O	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06072007	Chg-P	CR2E	034 (12/06)	
City & State			City & State			20-5	47354	+8	H +	plied For Applicable
Zip Country			Zip	try	5. Certificate of	of Status Desired		\$8.75 Addi		
6. Name and Address of Current R			egistered Agent			7. Name and Address of New Registered Agent				
		Name								
LINTON, IVAN 14540 SW 136 STREET					Street Address (P.O. Box Number is Not Acceptable)					
# 100 MIAMI, FL 33186										
				i	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										<u>_</u> n[
Signature, typed or printed name of registered agent and are if approache (NOFE, Registered Agent signature required when remaining) DATE On The Signature in the signature of the signature agent and are if approache in the signature required when remaining the signature agent and are if approache in the signature agent and are if approached in the signature agent and are if approached in the signature agent agent agent and are if approached in the signature agent agen										/////
FILE NOWIII FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution. Add										40
10.	OF	FICERS AND DIRE	CTORS	11.	·····	ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTORS	INI
TUTLE	Р		☐ Delete	TITL	:				☐ Change	☐ Addition
NAME	LINTON, IVAN				•					}
CITY-S1-ZIP	STREET ADDRESS 14540 SW 136 STREET # 100 CITY-S1-2IP MIAMI, FL 33186				ET AODRESS - ST- ZIP					ļ
TITLE			☐ Delete	mú					Change	Addition
NAME				NAM	· I					İ
STREET ADORESS CITY-ST-ZIP					et adoress - St-Zip					
TITLE			Delete	TITL					☐ Change	Addition
NAME			C Delac	NAM						
STREET ADDRESS			•		ET ADORESS					
CITY-ST-ZIP				-	-SI-2/P				☐ Change	☐ Addition
TITLE NAME			☐ Delete	TITU	1				- Crente	C) Acouton
STREET ADDRESS	11				TET ADORESS					,
CITY-ST-ZIP				-1	-ST-Z3P				☐ Change	- Addition
TITLE NAME			☐ Detete	TITU NAN					C) CHANGE	Addition
STREET ADDRESS					EET ADDRESS					
CITY-SI-ZIP				─	-ST-ZIP			·		- Classician
TITLE			☐ Delete	TITU					☐ Change	Addition
NAME STREET ADDRESS					EET ADORESS					
CITY-ST-ZIP					·SI-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 the end 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 trutted at indiverse 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 addless with all other like empowers.										
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINCED MAME OF SIGNING OFFICER OR DIRECTOR Daring Prome P.										

66-21-2007 90022 038 ***150.00 FILE 60000113543