2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2008 08:00 All Secretary of State DOCUMENT # P06000115470 DNA CONSTRUCTION CORP. Principal Place of Business Mailing Address 15390 SW 22ND TERRACE 15390 SW 22ND TERRACE MIAMI, FL 33185 MIAMI, FL 33185 03282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5509824 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NIETO, MAURICIO 15390 SW 22ND TERRACE MIAMI, FL 33185 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature regulred when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U000000877720 04/14/08-80025-022 <u>150.00</u> OFFICERS AND DIRECTORS 10. TITLE NIETO, MAURICIO NAME STREET ADDRESS 15390 SW 22ND TERRACE MIAMI, FL 33185 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 supplied entry 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 of fustee empowered of 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

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED