## **2008 FOR PROFIT CORPORATION**

## **FILED** Apr 18. 2008 08:00 Al tate

ANNUAL REPORT				Secretary of St			
1. Entity Name	IENT # P060001253 STRUCTION, INC.	21			Ñ	seci	retary of St
Principal Place of	of Business	Mailing Address	•	1			
12201 SW 129 MIAMI, FL 331		12201 SW 129 COURT Miami, Fl. 33186					
William, IL 331	00	1918/4911, 1 E 00 100		118698811	I BENIK BINIK BAKN BANK BUK		
1						<b>1</b>	
DO NOT WRITE IN THIS SPA				04172008	No Chg-P	CR28	E034 (11/05)
			CE	4. FEI Numb	er		Applied For
				20-567	7134		Not Applicable
				5. Certificate	of Status Desired	X	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	<u> </u>				
FONSECA, ALEXANDER 12201 SW 129 COURT MIAMI, FL 33186			DO NOT WRITE IN THIS SPACE				
	amed entity submits this statement for these of registered agent.	e purpose of changing its register	red office or registe	ered agent, or bo	th, in the State of Flo		
Sk	ed Agent signature require	Agent signature required when reinstating) DATE			· · · · · · · · · · · · · · · · · · ·		
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution				5.00 May Be ded to Fees			
10.	OFFICERS AND DI	RECTORS			Nooda	יקחפח	
STREET ADDRESS 1	FONSECA, ALEXANDER 12201 SW 129 COURT MIAMI, FL 33156				05/06/08	-800	10-014 158.75
TITLE							
NAME STREET ADDRESS							
CITY-ST-ZIP			_				
TITLE							
STREET ADDRESS				DΩ	NOT W	RIT	F
CITY-SI-ZIP			4	-			
TITLE NAME				IN	THIS SP	'AC	E
STREET ADDRESS							

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. -*606* 

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayume Phone #