## 9- 2- --

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P06000135197 04-18-2008 90021 036 \*\*\*150.00 CLEVELAND CONSTRUCTION GROUP, INC. Principal Place of Business Mailing Address 10868 SW 6 STREET 10868 SW 6 STREET MIAMI, FL 33374 MIAMI, FL 33374 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10121 Sw 3557 Suite, Apt. #, etc. Suite, Apt. #, etc.-CR2E034 (12/06) 03172008 Chg-P City & State City & State 4. FEI Number Applied For Toud moull 20-5776434 Not Applicable U.S.A. \$8.75 Additional 5. Certificate of Status Desired U. S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CABRERA, EUGENIO Street Address (P.O. Box Number is Not Acceptable) 10868 SW 6 STREET MIAMI, FL 33374 DONE 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition TITLE ☐ Delete CABRERA, EUGENIO NAME NAME STREET ADDRESS 10868 SW 6 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33374 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME CABRERA, ROGER STREET ADDRESS **10868 SW 6 STREET** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33374 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Delete TITLE ☐ Change Addition NAME MARAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP-☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZiP CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP Oblied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information hal 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 ristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if by address, with all other like empowered. 12. I hereby certify that the information indicated on this report or supplement of the corporation or the receiver or changed, or on an attachme EU90UID SIGNATURE:

FILED

Apr 18, 2008 8:00 am Secretary of State