


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90081 031 ***158.75

DOCUMENT # P06000146840													
1. Entity Name CONSTRUCCIONES ESTRELLA, INC.													
Principal Place of Business 5805 SW 146TH COURT MIAMI, FL 33183			Mailing Address 5805 SW 146TH COURT MIAMI, FL 33183										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 20-5971336									
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent ESTRELLA, CARLOS 5805 SW 146TH COURT MIAMI, FL 33183		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>				Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code
Name													
Street Address (P.O. Box Number is Not Acceptable)													
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition								
NAME	ESTRELLA, CARLOS		NAME										
STREET ADDRESS	5805 SW 146TH COURT		STREET ADDRESS										
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP										
TITLE	VP.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition								
NAME	ESTRELLA, CARLOS JR.		NAME										
STREET ADDRESS	5805 SW 146TH COURT		STREET ADDRESS										
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP										
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition								
NAME	PIMENTEL, ANGELICA		NAME										
STREET ADDRESS	5805 SW 146TH COURT		STREET ADDRESS										
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP										
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition								
NAME	ESTRELLA, ANGEL		NAME										
STREET ADDRESS	5805 SW 146TH COURT		STREET ADDRESS										
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition								
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition								
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-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 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: _____			Date: 4/19/08 Daytime Phone #: (786) 260-1771										
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR													