

2008

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90193 013 \*\*\*150.00

<b>DOCUMENT #</b> P07000019380 1. Entity Name South-PI Design & Construction Corp.					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business J.F. Kennedy Esq. <small>Suite, Apt. #, etc.</small> Ortega & Gasset, #210 <small>City &amp; State</small> Santo Domingo <small>Zip</small> Country Rep. Dom.		3. Mailing Address 7300 N.W. 19th St. <small>Suite, Apt. #, etc.</small> Suite 101 <small>City &amp; State</small> Miami, FL <small>Zip</small> 33126-1222 <small>Country</small> USA		<b>40106038</b>  <b>DO NOT WRITE IN THIS SPACE</b>	
		4. FEI Number 90-0343060		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent Name del Valle, Manuel R. Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St. Suite 101 City Miami State FL Zip Code 33126-1222	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T Ravelo, Rafael E. J.F. Kennedy Esq. Ortega & Gasset #210 Sto. Dom., Rep. Dom.	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(j), 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 on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____		Rafael E. Ravelo		4/27/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 809-566-5177	

CR2E034B (12/02)