2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045702

MAURICIO, JOSE

SANTA ROSA BEACH, FL 32459 US

P.O. BOX 2336

Name:

Address:

City-St-Zip:

FILED Feb 16, 2008 Secretary of State

Entity Name: MAURICIO CONSTRUCTION SERVICE, INC								
Current Principal Place of Business:					New Principal Place of Business:			
	RAL 7TH ST SA BEACH, FL	_ 32459	US					
Current Mailing Address:					New Mailing Address:			
P.O. BOX 2 SANTA RO	2336 SA BEACH, FL	_ 32459						
FEI Number:	20-8830707	FEI Numb	er Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status	Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
LATIN SERVICES OF NW FL, INC 785 BEAL PKWY SUITE H FT WALTON BCH, FL 32547 US					LATIN SER OF NWF INC 785 BEAL PKWY SUITE H FT WALTON BCH, FL 32547 US			
The above in the State		ubmits this	s statement for the pu	ırpose o	f changing i	ts registere	d office or registered a	agent, or both,
SIGNATURE: LATIN SER OF NWF INC					02/16/2008			
Electronic Signature of Registered Agent					Date			
Election Can	npaign Financing	Trust Fund	Contribution ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ()[MAURICIO, MOIS 109 CENTRAL 7' SANTA ROSA BE	TH ST	2459 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () I GONZALEZ, LILI 109 CENTRAL 7 SANTA ROSA BE	TH ST	2459 US		Title: Name: Address: City-St-Zip:	109 CENTR	(X) Change () Addition JOSE ROSENDO AL 7TH ST A BEACH, FL 32459 US	
Title:	VP ()[Delete			Title [.]		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MOISES MAURICIO P 02/16/2008