2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000059037

City-St-Zip:

MIAMI, FL 33173

Entity Name: PUNTA DORADA CONSTRUCTION GROUP, INC.

FILED Apr 07, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|-------------------------------------|---------------------------------------|---|--|--|
| 9240 SW 7 205 MIAMI. FL | | | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| 3941 TAM SUITE 315 | _ | | | | |
| FEI Number | : 26-0198065 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of C | urrent Registered Agent | : Name and Address of | Name and Address of New Registered Agent: | |
| | PEDRO E CANTE DR ORDA, FL 339 | 55 US | | | |
| | e named entity s e of Florida. | submits this statement for th | he purpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | Agent | Date | |
| Election Car | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | NUNEZ, PEDRO | TR # 3157 - 226 | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | RAMOS, HECT | D STREET, SUITE 205 | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: | AZPURUA, ALB | Delete ERTO D STREET, SUITE 205 | Title: (Name: Address: |) 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.

City-St-Zip:

SIGNATURE: PEDRO E NUNEZ PD 04/07/2009