

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90090 026 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                                    |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P07000084611</b><br>1. Entity Name<br><b>LOWEN WINGATE CONSTRUCTION GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                                    |                                                                   |
| Principal Place of Business<br><b>6804 NW 20TH AVE.<br/>FT. LAUDERDALE, FL 33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Mailing Address<br><b>6804 NW 20TH AVE.<br/>FT. LAUDERDALE, FL 33309</b>                                                                                                                                                                           |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><b>5400 NW 33 Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | 3. Mailing Address<br><b>5440 NW 33 Avenue</b>                                                                                                                                                                                                     |                                                                   |
| Suite, Apt. #, etc.<br><b>Suite 101</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | Suite, Apt. #, etc.<br><b>Suite 101</b>                                                                                                                                                                                                            |                                                                   |
| City & State<br><b>Ft. Lauderdale, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | City & State<br><b>Ft. Lauderdale, FL</b>                                                                                                                                                                                                          |                                                                   |
| Zip<br><b>33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Zip<br><b>33309</b>                                                                                                                                                                                                                                |                                                                   |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | Country<br><b>USA</b>                                                                                                                                                                                                                              |                                                                   |
| 4. FFJ Number<br><b>26-0672521</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                             |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                              |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>DSERGIO, JENNIFER L<br/>9370 W. BAY HARBOR DR. #12<br/>BAY HARBOR ISLANDS, FL 33154</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | 7. Name and Address of New Registered Agent<br>Name <b>D'Sergio, Jennifer L</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5440 NW 33 Avenue</b><br><b>Suite 101</b><br>City <b>Ft Lauderdale</b> <b>FL</b> Zip Code <b>33309</b> |                                                                   |
| 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.<br>SIGNATURE <u>Jennifer D'Sergio</u> DATE <u>4/24/08</u><br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                                    |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                              |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DIR<br>EIRIZ, DAVID E<br>669 SW 168TH WAY<br>PEMBROKE PINES, FL 33027 | <input type="checkbox"/> Delete                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>SIMAN, DIEGO L<br>10251 SW 72ND ST.<br>MIAMI, FL 33176          | <input type="checkbox"/> Delete                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>NARANJO, LUIS F<br>3083 DAY AVE.<br>MIAMI, FL 33133              | <input type="checkbox"/> Delete                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DIR<br>EIRIZ, JESSICA<br>669 SW 168TH WAY<br>PEMBROKE PINES, FL 33027 | <input type="checkbox"/> Delete                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DIR<br>EIRIZ, JOSE E<br>669 SW 168TH WAY<br>PEMBROKE PINES, FL 33027  | <input type="checkbox"/> Delete                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Empty)                                                               | <input type="checkbox"/> Delete                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | Date <u>4/24/08</u> <u>954-485-4945</u><br><small>Date Daytime Phone #</small>                                                                                                                                                                     |                                                                   |