

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000084611

FILED
Apr 30, 2009
Secretary of State

Entity Name: LOWEN WINGATE CONSTRUCTION GROUP, INC.

Current Principal Place of Business:

5400 NE 33 AVE
STE. 101
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

13117 NW 107 AVE
UNIT 2
HIALEAH, FL 33018

Current Mailing Address:

5400 NE 33 AVE
STE. 101
FORT LAUDERDALE, FL 33309

New Mailing Address:

13117 NW 107 AVE
UNIT 2
HIALEAH, FL 33018

FEI Number: 26-0672521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'SERGIO, JENNIFER L
5440 NW 33 AVE
STE. 101
FORT LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

RIO, LINDA
13117 NW 107 AVE
UNIT 2
HIALEAH, FL 33018 US

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.

SIGNATURE: LINDA RIO

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: EIRIZ, DAVID E
Address: 669 SW 168TH WAY
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP () Delete
Name: SIMAN, DIEGO L
Address: 10251 SW 72ND ST.
City-St-Zip: MIAMI, FL 33176

Title: P () Delete
Name: NARANJO, LUIS F
Address: 3083 DAY AVE.
City-St-Zip: MIAMI, FL 33133

Title: DIR (X) Delete
Name: EIRIZ, JESSICA
Address: 669 SW 168TH WAY
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DIR (X) Delete
Name: EIRIZ, JOSE E
Address: 669 SW 168TH WAY
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EIRIZ, DAVID E
Address: 669 SW 168TH WAY
City-St-Zip: PEMBROKE PINES, FL 33027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: GREGORY, MICHELLE
Address: 4500 NW 2 AVE
City-St-Zip: BOCA RATON, FL 33431 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DAVID EIRIZ

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date