## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING

## May 03, 2004 8:00 am Secretary of State DOCUMENT # P14095 05-03-2004 90678 012 \*\*\*150.00 CONSTRUCTA U.S., INC. Principal Place of Business Mailing Address 1501 COLLINS AVE 1501 COLLINS AVE J4U/J13J 3RD FLOOR 3RD FLOOR MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 52-1482952 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VΡ TITLE Delete TITLE JACQUES BARBERA 1501 CULLINS AVE ☐ Change \_\_\_\_Addition FAZILLEAU, ERIC NAME STREET ADDRESS 1501 COLLINS AVE 3RD FLOOR STREET ADDRESS MIAMI BLA FL-33/39 CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP VTS ☐ Defete TITLE ☐ Change Addition TITLE MEUNIER, JEAN-MARC NAME NAME 1501 COLLINS AVE 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE AS Delete . - Change ☐ Addition KWIAT, ANDREW STREET ADDRESS 1501 COLLINS AVE 3RD FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition PIETRI, MARC NAME NAME 1501 COLLINS AVE 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED