

2006 FOR PROFIT CORPORATION**Reinstatement****DOCUMENT # P93000006643**

1. Entity Name

CONSTRUCTORS CONSORTIUM, INC.

Principal Place of Business

**4128 NORTH MIAMI AVENUE
MIAMI, FL 33127**

Mailing Address

**4128 NORTH MIAMI AVENUE
MIAMI, FL 33127****FILED****06 NOV -2 PM 12: 02****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

07032006

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0456771

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**UCHE, EMMANUEL O
4128 NORTH MIAMI AVENUE
MIAMI, FL 33127****DO NOT WRITE
IN THIS SPACE**

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

10/17/06**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**9. Election Campaign Financing
Trust Fund Contribution.**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	UCHE, EMMANUEL O.
STREET ADDRESS	13701 SW 103RD PLACE
CITY- ST- ZIP	MIAMI, FL 33176

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**400080966594
10/18/06--01056--012 **158.75****300081514883
11/08/06--01009--004 **600.00****DO NOT WRITE
IN THIS SPACE****REINSTATEMENT** **06****gc 11/03**

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

X