. 2004 FOR PROFIT CORPORATION

May 03, 2004 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # P93000034324** 1. Entity Name LACHI'S CONSTRUCTION DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 7403 N.W. 7TH STREET P 0 BOX 901329 MAMI, FL 33126 HOMESTEAD, FL 33090-1329 03022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0498325 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ, LAZARO DO NOT WRITE 7403 N.W. 7TH STREET MIAMI, FL 33126 IN THIS SPACE 3. 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 Registric, syped or printed name of registered agent and like it applicable. BROTE Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS me FERNANDEZ, LAZARO MAKE STREET ADORESS 7403 N.W. 7TH STREET CHY-ST-ZIP MIAMI, FL TITLE U00000152402 05/04/04-80084-011 158.75 STREET ACCRESS CITY-ST-ZIP 3131 £ MALE STREET ADORESS DO NOT WRITE CRY-ST-7P mu IN THIS SPACE MALLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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:

STREET ACCRESS CITY-SI-ZIP Mile NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS City-SI-ZIP

OR PRINTED HAVE OF MICHING OFFICER OR DIRECTOR

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