

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000036849

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: AZTECA CONSTRUCTION CORP.

## Current Principal Place of Business:

25356 STILLWELL PKY  
BONITA SPRINGS, FL 34135

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 368151  
BONITA SPRINGS, FL 341368151

## New Mailing Address:

FEI Number: 65-0480032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEMUS, JAVIER  
25356 STILLWELL PKY  
BONITA SPRINGS, FL 34135 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: LEMUS, JAVIER  
Address: 25356 STILLWELL PKY  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVS ( ) Delete  
Name: LEMUS, ALBINA  
Address: 25356 STILLWELL PKY  
City-St-Zip: BONITA SPRINGS, FL 34135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: JAVIER LEMUS

DPT

04/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date