2006 FOR PROFIT CORPORATION **AMENDED ANNUAL REPORT**

FILED DOCUMENT # P94000017155 06 SEP 21 AH 8: 55 SOARES DA COSTA CONTRACTOR, INC. DECRETARY OF STATE GLLAHASSEE. FLORIDA Principal Place of Business Mailing Address 7270 NW 12 ST. 7270 NW 12 ST. SUITE 205 SUITE PH3 MIAMI, FL 33126 MIAMI, FL 33126 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09122006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 65-0488642 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEVINE GOODMAN PALLOT WELLS, PA Street Address (P.O. Box Number is Not Acceptable) 777 BRICKELL AV SUITE 850 MIAMI, FL 33133 City 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. DATE Stormure, typed or protect name of recistered agent and site if applicable (NOTE: Registered Agen) signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D/CFO/S Faustino, 本本Change **CFOS** TITLE TILLE ☐ Delete Luis M NAME FAUSTINO, LUIS M NAME STREET ADDRESS 7270 NW 12 ST., STE PH3 STREET ADDRESS 7270 NW 12 St., Ste PH3 CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-7IP Miami, FL 33126 ☐ Delete D/CEO x Change Addition TATI F TITLE Esteves, Antonio M 7270 NW 12 St., Ste PH3 ESTEVES, ANTONIO M NAME NAME 7270 NW 12 ST., STE PH3 STREET ADDRESS STREET ADDRESS Miami, FL 33126 MIAMI, FL 33126 CHTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE x√x Defete TITLE Goncalves. Pedro RIBEIRO, ALBINO M NAME NAME 7270 NW 12 St., Ste PH3 STREET ADDRESS 7270 NW 12 ST., STE PH3 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP MIami, FL 33126 0 Change 07 Addition ☐ Delete TITLE TITLE NAME NAME 09/28/06--01049--023 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCTY - ST - ZIP ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filling 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. 9-13.06 305-5929399 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Cto SIGNATURE:

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