

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017155

FILED
Jan 12, 2007
Secretary of State

Entity Name: SOARES DA COSTA CONTRACTOR, INC.

Current Principal Place of Business:

7270 NW 12 ST.
SUITE 205
MIAMI, FL 33126 US

New Principal Place of Business:

7270 NW 12 ST.
SUITE 100
MIAMI, FL 33126 US

Current Mailing Address:

7270 NW 12 ST.
SUITE PH3
MIAMI, FL 33126 US

New Mailing Address:

7270 NW 12 ST.
SUITE 100
MIAMI, FL 33126 US

FEI Number: 65-0488642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEVINE GOODMAN PALLOT WELLS, PA
777 BRICKELL AV
SUITE 850
MIAMI, FL 33133 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: DCFS () Delete
Name: FAUSTINO, LUIS M
Address: 7270 NW 12 ST., STE PH3
City-St-Zip: MIAMI, FL 33126 US

Title: DCEO () Delete
Name: ESTEVES, ANTONIO M
Address: 7270 NW 12 ST., STE PH3
City-St-Zip: MIAMI, FL 33126 US

Title: DC () Delete
Name: GONCALVES, PEDRO
Address: 7270 NW 12 STREET, SUITE PH3
City-St-Zip: MIAMI, FL 33126 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCFO (X) Change () Addition
Name: FAUSTINO, LUIS M
Address: 7270 NW 12 ST., STE PH3
City-St-Zip: MIAMI, FL 33126 US

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 Chapter 119, 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: LUIS M. FAUSTINO

DCFO

01/12/2007

Electronic Signature of Signing Officer or Director

Date