


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90244 006 ***150.00

DOCUMENT # P95000000095	
1. Entity Name FORTEX CONSTRUCTION, INC.	

Principal Place of Business 8000 NW 31 ST., STE 17 MIAMI, FL 33122 US	Mailing Address 8000 NW 31 ST., STE 17 MIAMI, FL 33122 US
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94075195



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State DORAL		City & State DORAL	
Zip	Country	Zip	Country

04262004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0546421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALI, MARCELO C 9915 N.W. 29 STREET MIAMI, FL 33172	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City DORAL FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALI, MARCELO 9915 N.W. 29 STREET MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ DE CORCHO, JOSE 4012 ESTEPONA AVE MIAMI, FL 331782343 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALI, SERGIO M 8230 W 18 LN DR. HIALEAH, FL 33014 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DORAL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DORAL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, T ALI, SERGIO M. 9915 NW 29 STREET DORAL, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANSOURAN, GRACE 9734 NW 27 TERRACE DORAL FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUESADA, RAFAEL A. 10101 SW 154 Circle Court, Unit III MIAMI FL 33196. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 APR 04 305-599-1295

Date Daytime Phone #