2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2005 8:00 am Secretary of State 03-25-2005 90036 016 ***150.00

DOCUMENT # P95000053209 1. Entity Name GARIBALDI CONSTRUCTION, CORP.						03-23-2003	90036 0	161	30.00
Principal Place of Business Mailing Address 129 NW-7-AVE 18780 S.W. 355 TERRACE HOMESTEAD, EL_33030 FLORIDA CITY, FL 33034 US						IBIBI BIYI BBYI ÇÊYI ÊŞIN	88181 S1188 11118	 	Pa
	ace of Business O S.W. 355 Terr.								
Suite, Apt. #, etc. Suite, Apt. #, etc.					01152005 Chg-P CR2E034 (10/03)				
City & State - Florida City City & State					4. FEI Number 65-0595128				plied For t Applicable
Zip 3303	Country 4 Miami-Dade	Zip	Coun	try	5. Certificate	of Status Desired		8.75 Add ee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MARTINEZ_JESUS_ 129 NW-7-AVE HOMESTEAD, EL. 33030				Roberto Martinez					
				Street Address (P.O. Box Number is Not Acceptable) 18780 S.W. 355 Terrace					
				City Flo	orida Ci	itv	FL	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 familiar with, and accept the obligations of registered agent.									
SIGNATURE X / De Ho Worl / New Roberto Martinez Signature, typod or printed name of rejustered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, hyper, or printing name or registered agent and	The participant (NOTE:	nogistoro	n when whiteness sections	a wises resensations)		DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaig Trust Fund Contri			.00 May Be led to Fees	· ·			
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND D	PIRECTORS	5 IN 11
TITLE NAME	DT MARTINEZ, JESUS	☐ Delete	LITE				(Change	Addition
STREET ADDRESS	•				8780 S.1	W. 355 Te	errace	<u> </u>	
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY	-ST-ZIP F	lorida	City, FL			<u>.</u>
TITLE . NAME	DPS MARTINEZ, ROBERTO	☐ Delete	TITL! NAM				ĺ	Change	Addition
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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.									