2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # P96000023826 1. Entity Name PAC CONSTRUCTION, INC. Principal Place of Business Mailing Address 2831 S.W. 128TH AVENUE 1005 S.W. 87TH AVENUE MIAMI FL MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0650309 Not Applicable Country Zip Country 7in \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ, CARLOS A Street Address (P.O. Box Number is Not Acceptable) 2831 S.W. 128TH AVENUE MIAMI FL Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May B: 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. OILE ☐ Change ☐ Addition **PST** TITLE ☐ Delete PEREZ, CARLOS A NAME NAME U00000328463 STREET ADDRESS STREET ADDRESS 2831 S.W. 128TH AVENUE 04/25/05-88079-017 150.00 MIAMI FL CITY-SE-ZIP CITY-ST-ZIP 🗖 Change 🔲 Additic HILLE THILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-702 TITLE Delete THE ☐ Change Anciiii NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIF CITY-SI-ZIP ☐ Change ☐ Addilia MILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete THILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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 changed, or on an attackment with an address, with all other like empowered

CARLOS A PEREZ.

4.14.05

305-266-057

FILED