

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000044701

FILED
Apr 27, 2005
Secretary of State

Entity Name: BUADE CONSTRUCTION COMPANY, INC.

Current Principal Place of Business:

13741 SW 139 CT
#103
MIAMI, FL 33186

New Principal Place of Business:

19701 SW 136 AVENUE
MIAMI, FL 33177

Current Mailing Address:

PO BOX 770292
MIAMI, FL 331770292

New Mailing Address:

FEI Number: 65-0672454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUADE, BEATRIZ M
19701 SW 136 AVE
MIAMI, FL 33177 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: PS () Delete
Name: BUADE, BEATRIZ M
Address: 13741 SW 139 CT 103
City-St-Zip: MIAMI, FL 33186

Title: VPT () Delete
Name: BUDE, JUAN
Address: 13741 SW 139 CT 103
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: BUADE, BEATRIZ M
Address: 13741 SW 139 CT 103
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: BUADE, BEATRIZ M
Address: 19701 SW 136 AVENUE
City-St-Zip: MIAMI, FL 33177

Title: VPT (X) Change () Addition
Name: BUADE, JUAN C
Address: 19701 SW 136 AVENUE
City-St-Zip: MIAMI, FL 33177

Title: D (X) Change () Addition
Name: BUADE, BEATRIZ M
Address: 19701 SW 136 AVENUE
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BEATRIZ M BUADE

PS

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date