2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 23, 2007 08:00 AM Secretary of State DOCUMENT # P96000054253 3-R CONSTRUCTION CORP. Principal Place of Business Mailing Address 1700 NE 105 ST APT 512 MIAMI SHORES FL 33138 1700 NE 105 ST APT 512 MIAMI SHORES FL 33138 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 65-0688045 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo RODRIGUEZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 1700 NE 105 ST APT 512 N MIAMI FL 33181 City Zip Code FL 8. The above name entity submits the 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 registered agent ORGE SIGNATURE (NOTE: Registered Agent signature required when reinstating) NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. ' [Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Addition ☐ Delete TITLE NAME RODRIGUEZ, JORGE NAME U000000721615 1700 NE 105 ST APT 512 STREET ADDRESS STREET ADDRESS 05/01/07-80152-021 150.00 MIAMI FL 33138 CITY-SI-ZIP CITY-ST-ZIP ☐ Delete IIILE Change Addition NAME STREET ADDRESS STREET ADDRESS C!IY - SI - 7IP CITY - ST - ZIP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete □ Change Addition THIF NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP IIILE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP TITLE ☐ Delete THEE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 expowered 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

LIGUEZ 04/18/07 305-323-26