


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90224 036 ***150.00

DOCUMENT # P97000013158					
1. Entity Name UTOPIA CONSTRUCTION GROUP, INC.					
Principal Place of Business 9401 SW 84TH COURT MIAMI, FL 33156			Mailing Address 9401 SW 84TH COURT MIAMI, FL 33156		
2. Principal Place of Business 5000 S.W. 73 Terr.		3. Mailing Address 5000 S.W. 73 Terr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0734587	
Zip 33143		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PADRON, MARITZA 9401 SW 84TH COURT MIAMI, FL 33156			7. Name and Address of New Registered Agent Name: <u>Maritza Padron</u> Street Address (P.O. Box Number is Not Acceptable): <u>5000 S.W. 73 Terr</u> City: <u>Miami</u> FL Zip Code <u>33143</u>		
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: <u>Matyá Padron</u> <u>Maritza Padron</u> <u>4/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PADRON, WILFREDO R 9401 SW 84TH COURT MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Address Only: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5000 SW. 73 Terr. Miami, FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST PADRON, MARITZA 9401 SW 84TH COURT MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Address Only: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5000 S.W. 73 Terr Miami, FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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)(f), 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: <u>Matyá Padron</u> <u>Maritza Padron</u> <u>4/28/04</u> <u>(305) 667-7255</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					