

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000013158

1. Entity Name
UTOPIA CONSTRUCTION GROUP, INC.



Principal Place of Business
**5856 PARADISE POINT DRIVE
PALMETTO BAY, FL 33157 US**

Mailing Address
**5856 PARADISE POINT DRIVE
PALMETTO, FL 33157 US**

FILED
May 01, 2007 08:00 AM
Secretary of State



04292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0734587

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**IGLESIAS, ADOLFO E
13170 SW. 128 ST.
SUITE 203
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
PADRON, WILFREDO R
5856 PARADISE POINT DRIVE
PALMETTO BAY, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
PADRON, MARITZA
5856 PARADISE POINT DRIVE
PALMETTO BAY, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000750474
05/18/07-80064-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report by 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:

M. Padron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 (305) 252-0276
Date Daytime Phone #