UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION

FILED Feb 21, 2003 8:00 am Secretary of State 01-29-2003 90175 039 ***150.00

1. Entity Name C.A.C. CONSTRUCTION SERVICE CORP.								10 010 0	
Principal Pla 12945 SW 7 MIAMI FL 33			Mailing Address 12945 SW 72 TERRACE MIAMI FL 33183						
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2. Principal	Place of Busin	ness	3. Mailing Address				00f10 11940 10180 131	4 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State	City & State		4. FEI Number 65-0741076	Applied For Not Applicable		7
Zip Country		Zip ,	Zip Countr		5. Certificate of Status Desired	\$8.75 A	dditional	7	
	_6. Name	and Address of Curre	nt Registered Agent	<u>'</u>		7. Name and Address of New Registe		160	4
			· · · · · · · · · · · · · · · · · · ·	-	Name				٦,
CICERO, ALINA				Street		ess (P.O. Box Number is Not Acceptable)			
	N 72 TERRA	CE	٠,	Street Addre					1
MIAMI FL 33183									7
		•	•	F	City		Zip Co		-
8. The above	e named entity	submits this statement	for the purpose of changing to	raciatara	l allian an anniatan				1
the obliga	tions of regist	ered agent.	for the porpose of changing its	registered	onice or registere	ed agent, or both, in the State of Florida. I	am familiar with	i, and accept	
CICNATURE								•	
SIGNATURE	Signature, typed	or printed name of registered age	nt and tide if applicable. (NOTE	: Registered A	gent signature required v	when reinstating)	TE	 _	1
- A CONTRA	FILE NOW!	FEE-IS \$150.00						 	┦
		3 Fee will be \$550.00	n			9. Election Campaign Financing	\$5.0	00 мау Ве	1
Make Chec	k Payable to	Florida Department	of State			Trust Fund Contribution.	□ - Adde	d to Fees	-
10.		OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	NID DIDECTOR	OC IN 44	ļ
TITLE	PD		☐ Delete	TITLE		TO OFFICE ASSESSMENT	☐ Change	Addition	5
NAME	CICERO, A			NAME				L.J AUGINIA	CR2E034 (10/02
STREET ADDRESS CITY-ST-ZIP	12945 SW MIAMI FL 3	72 TERRACE			ADORESS				4
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				CITÝ-ST-		<u> </u>			
I nereby ce indicated c	erully that the ii on this réport c	ntormation supplied with or supplemental report is	this filing does not qualify for the true and that my	ne exempt	ion stated in Section	99.07(3)(i), Florida Statutes. I further c	ertify that the in-	formation	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SMONATURE AND TYPED OF PRINTED NAME OF SIGNANG OFFICER OF DIRECT