2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2005 08:00 AM Secretary of State DOCUMENT # P97000041103 MURO CONSTRUCTION, INC. Principal Place of Business Mailing Address 6300 SW 25TH STREET 6300 SW 25TH STREET MIAMI, FL 33155 US MIAMI, FL 33155 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 Cha-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 65-0784922 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IVAN, CONTRERAS Street Address (P.O. Box Number is Not Acceptable) 6300 SW 25TH STREET MIAMI, FL 33155 City Zip Code 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, typoid or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change ☐ Addition Delete TITLE U00000353940 05/03/05-80087-012 150.00 NAME RODRIGUEZ, JULIO NAME 3415 SOUTH LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33155 Delete Change ☐ Addition TITLE VP TITLE NAME CONTRERAS, IVAN E NAME. STREET ADDRESS 6300 SW 25TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33155 TITLE Change ■ Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete 7.715 ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST - 7IP Delete TITLE Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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.

BULLO RUNCICUEZ

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