(305) 221-6100

## **2003 FOR PROFIT CORPORATION**

SIGNATURE:

	003 FOR PROFI IFORM BUSINE	FILED Jan 27, 2003 8:00 am										
DOCU 1. Entity Nam				Secretary of State 01-27-2003 90157 020 ***158.75								
ZURQUI	GENERAL CONTRACTORS,	inc. 										
Principal Plac 10421 NW 28 SUITE 102D MIAMI FL 331	STREET	Mailing Address 10421 NW 28 STREET SUITE 102D MIAMI FL 33172										
2. Principal P 9755 Suite, Apt.	lace of Business S. W. 40 th Jornacl #, etc.	3. Mailing Address 97555, w. 4 Suite, Apt. #, etc.	40 H	Prvac	2		M CHEC	CK HERE IF M	AKING C	HANGES.		
City & State		City & State				4. FEI Num	har.	794961		Ap	pplied For	7
3316		- Zip 33/65	Сон	itry L		5. Certificat	te of Status	Desired		<b>8.75</b> Added Requires		
	6. Name and Address of Current F	Registered Agent				7. Name an	d Address	of New Regis	tered Ag	ent		]
GONZALE		Name Gonzalez, Evdy, JR.  Street Address (P.O. Box Number is Not Acceptable)										
SUITE 102D MIAMI FL 33172				9755 S.W. 40th Torrace  City Migmi, FL. FL 333						Zia Code		]
	named entity submits this clatement for ions of registered entity	the purpose of changing its	registere				oth, in the S	tate of Florida.	FL I am fạn	<u>53/(</u> niliar with,	and accept	-
SIGNATURE .	Signature, typed or purified of registered agent as	nd title if applicable. (NOTE	: Registere	d Agent signatu	re required	when reinstating)			//7// DATE	13		
After	ILE NOW!!! FEE IS \$50.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State					lection Cam rust Fund C	npaign Financi ontribution.	ng 🔲		May Be I to Fees	}
10.	OFFICERS AND D	DIRECTORS	11.			ADDITIONS	3/CHANGE:	S TO OFFICER	S AND D	IRECTORS	 S IN 11	1
TITLE NAME ,	D Gonzalez, Eddy Jr	☐ Delete	TITLE	_	0 60			TR. Torvace		Change	Addition	100,000
STREET ADDRESS CITY-ST-ZIP	10421 NW 28 ST, STE 102-D MIAM! FL 33172		CITY	ET ADDRESS -ST-ZIP	Mi	ami, s	7 3	3/65				100
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NAME STREET ADDRESS CITY-ST-ZIP				E ET ADDRESS - ST- ZIP								
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		E ET ADDRESS						] Change	☐ Addition	
12. I hereby of indicated of the cor-	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that m	the exe	ture shall ha	ave the s	ame legal effe	ect as if mad	de under oath;	that I am	an officer	or director	