## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086453

1. Entity Name

NAROCA CONSTRUCTION COMPANY I



## FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90217 019 \*\*\*150.00

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	ace of Business W 103 Court	3. Mailing Address 5601 SW 10	U3 Conse	<b></b>									
Suite, Apt. #		Suite, Apt. #, etc.	US COUE	<u> </u>	$\dashv$	DO NOT WRITE IN THIS SPACE							
City & State <b>Milami</b>	Florida	City & State Florida, M	iami		4. FE	Number 1013132	-	Applied For Not Applicable					
33173	Country Dada	<sup>Zio</sup> 33173	lge de	5. Ce	S. Certificate of Status Desired   \$8.75 Additional Fee Required								
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				Name									
	DO NOT W	RITE		Street Address	(P.O. Box	(P.O. Box Number is Not Acceptable)							
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	named entity submits this statement to one of registered agent.	or the purpose of changin	ng its registere	ed office or regist	ered ager	nt, or both, in the State of Florida. I am fa	amiliar v	with, and accept					
the obligation	ons or registered agent.												
SIGNATURE _			ALOYS B		2/04	2/04							
	Signature, typed or printed name of registered ager	it and title if applicable.	(NOTE: Hegistered	d Agent signature requir	ec ween rein:	stating) DATE							
	After May 1, Fee is \$550.00					Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees					
Make Check	Amended UBR is \$61.25 Payable to Florida Department of	of State				must fund continuation.	,	Added to Fees					
10.	್ಷ OFFICERS ANI	D DIRECTORS		17. 计分别特别	图 (中国)		And the State of t	age to the state of the state					
TITLE	President Mestre, Ramon		TITLE	<ul> <li>ショナジント事業を表別数</li> </ul>									
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TITLE	Vice President		THLE	2-4 CLAPE CACES									
NAME	Mestret Carmen	· 	NAME	E Et address	1 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Parison Barren						
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NAME STREET ADDRESS			100	ET ADDRESS			BAC No. 1						
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12. I hereby certify that the information supplied with this filing 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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Ramon Mestre, Pr) 4/22/04

Date Day

Daytime Phone #