

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 09, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P97000098823**

1. Entity Name  
**CONSTRUCTORA LIMONAR, INC.**



Principal Place of Business  
**260 CRANDON BLVD  
SUITE 26C  
KEY BISCAYNE, FL 33149**

Mailing Address  
**260 CRANDON BLVD  
SUITE 26C  
KEY BISCAYNE, FL 33149**



01302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0794663**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORDOBA GOOD, MARIA C  
260 CRANDON BLVD #26  
KEY BISCAYNE, FL 33149**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000427063

02/20/06-80069-009 158.75

**10. OFFICERS AND DIRECTORS**

TITLE PS  
NAME CORDOBA, ALFONSO  
STREET ADDRESS 260 CRANDON BLVD STE 26C  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE VT  
NAME CORDOBA GOOD, MARIA C  
STREET ADDRESS 260 CRANDON BLVD STE 26C  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE VP  
NAME GOOD, SIDNEY S  
STREET ADDRESS 260 CRANDON BLVD. STE 26  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE VP  
NAME CORDOBA, CECILIA  
STREET ADDRESS 260 CRANDON BLVD. STE 26  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 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 I am empowered.

**SIGNATURE:** *Maria C. Cordoba Good* **MARIA C. CORDOBA GOOD, V.P. & T.**

**02/01/2006 (305) 361-9800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #