

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90020 045 ***150.00

DOCUMENT # P98000032690 1. Entity Name MASTEC, INC.					
Principal Place of Business 800 DOUGLAS ROAD, PENTHOUSE CORAL GABLES, FL 33134			Mailing Address 800 DOUGLAS ROAD, PENTHOUSE CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0829355	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MAS, JORGE		NAME		
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	PD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SHANFELTER, AUSTIN		NAME		
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	EVT ☒ Delete		TITLE	☐ Change ☒ Addition	
NAME	WEINSTEIN, DONALD P		NAME	Treasurer C. Robert Campbell	
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE		STREET ADDRESS	800 Douglas Rd - Penthouse	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	S ☒ Delete		TITLE	☐ Change ☒ Addition	
NAME	CANALES, CRISTINA		NAME	Secretary J. mare Lewis	
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE		STREET ADDRESS	800 Douglas Rd - Penthouse	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	V ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MYK, ANGELA		NAME		
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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 information.					
SIGNATURE: <u>Angela Myk</u> <u>Angela Myk</u> 2/8/05 305-406-1846					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					