2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000051878 1. Entity Name ABLE CONSTRUCTION TEAM, CORP.)	FILED 06 JUN -7 AM 11:36			
Principal Place of Business 15476 NW 77 C7: #299	Mailing Address 15476 NW 77 CT #299			SECRETALL DI CTATE TALLAHASSEE, FLOR DA			
MIAMI LAKES, FL 33016 2. Principal Place of Business 7932 NW 188LN 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.		1 M O	06062006 Chg-P CR2E034 (11/05)			11/05)	
City & State MIGMI, FL	City & State	3 State		Applied For Not Applied be Not Applied be			
2ip Country US	Zip C	5. Certificate	of Status Desired		75 Additional Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
FINALET, PEDRO 8010 NW 174 TERRACE MIAMI, FL 33015	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
City			E				
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 again and title if applicable. (NOTE: Registered Again signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Financing \$5.00 May Be Added to Fees in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND	DIRECTORS Delete	TITLE	ADDITIONS	CHANGES TO OFF		ECTORS IN 11 Change Addition	
NAME FINALET, PEDRO STREET ADDRESS 8010 NW 174 TERR CITY-ST-ZIP MIAMI, FL 33015		NAME STREET ADDRESS CHY-ST-ZIP					
ITILE V NAME CASCARDO, JUAN H STREET ADDRESS 15476 NW 77 CT. #299, CITY-ST-ZIP MIAMI LAKES, FL 33016	Partie	TITLE NAME STREET ADDRESS CTTY-ST-ZIP				Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	□ Delete 1171. NAM STR CITY			800076400998 Addition 06/20/0601077011 **150.00			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	
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 eath; 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							
SIGNATURE: SIGNATURE AND TIPED OR PRINTED NAME OF SKINDING OFFICER OR DIRECTOR DESCRIPTION DESCRIPTION OF DESCR							