

APR. 28. 2005 11:46AM

STATEWIDE INSURANCE CONS. INC.

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90118 035 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000052427	
1. Entry Name ESTUA CONSTRUCTION, INCORPORATED	

40080216

Principal Place of Business 7925 NW 12 ST SUITE 330 MIAMI, FL 33126	Mailing Address 7925 NW 12 ST SUITE 330 MIAMI, FL 33126
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04282005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0843818	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOTAS, PATRICIA
 7925 N W 12TH ST #330
 MIAMI, FL 33126**

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

Signature, typed or printed name of registered agent and title if applicable

PATRICIA M. BOTAS

(NOTE: Registered Agent signature required when rotating)

DATE

4/29/05

**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	P ☐ Delete
NAME	DOMINGUEZ, ALEIDA
STREET ADDRESS	7460 E PLUMOSA LN
CITY- ST- ZIP	LAKE WORTH, FL 33467

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	VP ☐ Delete
NAME	BOTAS, PATRICIA
STREET ADDRESS	7811 SW 20 ST
CITY- ST- ZIP	MIAMI, FL 33155

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 this 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] PATRICIA M. BOTAS 4/29/05 205.418.9111