2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # P98000060594 1. Entity Name 04-01-2004 90006 027 ***158.75 M.M.&A. CONSTRUCTION OF FLORIDA, INC. Mailing Address Principal Place of Business 3606 DRAWDY RD 3606 DRAWDY RD 54025024 PLANT CITY FL 33567 PLANT CITY FL 33567 2. Principal Place of Business 3. Mailing Address Airport Ro CR2E034 (11/03) Applied For 4. FEI Number 59-3523698 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 45 A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUEVARA, GUADALUPE Street Address (P.O. Box Number is Not Acceptable) 3606 DRAWDY RD PLANT CITY FL 33567 City 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. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Addition Quevara, Arturo S 2400 Airport Rd Suite B GUEVARA, ARTURO NAME NAME 3006 DRAWDY RD 2400 Auport Rd Slife B STREET ADDRESS STREET ADDRESS Plant City FL 33563 CITY-ST-ZIP PLANT CITY FL 39567 33563 CITY-ST-7IP **X** Change SD ☐ Delete TITLE ☐ Addition TITLE **GUEVARA, GUADALUPE** NAME 3600 DRAWDY RD 2400 Angood Rd Swife B DUOU AIRPORT ROL STREET ADDRESS STREET ADDRESS FL 33563 CITY-ST-ZIP PLANT CITY FL 39567 CITY-ST-7IP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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 peport 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 attackment with a faddress, with all other like empowered.

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MATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED