


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90059 012 \*\*\*158.75

<b>DOCUMENT # P98000081425</b>	
1. Entity Name <b>DIRECT CONSTRUCTION CORP.</b>	

Principal Place of Business <b>9600 SW 8TH STREET STE 50 MIAMI, FL 33174</b>	Mailing Address <b>9600 SW 8TH STREET STE 50 MIAMI, FL 33174</b>
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2. Principal Place of Business <b>8101 PARK BLVD</b>	3. Mailing Address <b>8101 PARK BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33126</b>	Zip <b>33126</b>
Country <b>MIAMI-DADE</b>	Country <b>MIAMI-DADE</b>

01162004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0858357</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BLAXBERG GRAYSON, &amp; SINGER P.A. 25 SE 2ND AVE, SUITE #730 MIAMI, FL 33132</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>8101 PARK BLVD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUIZ, ROBERT J</b>		NAME <b>MIAMI FL 33126</b>	
STREET ADDRESS <b>9600 SW 8TH STREET STE 50</b>		STREET ADDRESS <b>MIAMI FL 33126</b>	
CITY-ST-ZIP <b>MIAMI, FL 33174</b>		CITY-ST-ZIP <b>MIAMI FL 33126</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>8101 PARK BLVD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HERNANDEZ, PEDRO</b>		NAME <b>MIAMI FL 33126</b>	
STREET ADDRESS <b>9600 SW 8TH STREET STE 50</b>		STREET ADDRESS <b>MIAMI FL 33126</b>	
CITY-ST-ZIP <b>MIAMI, FL 33174</b>		CITY-ST-ZIP <b>MIAMI FL 33126</b>	
TITLE <b>SEC</b>	<input type="checkbox"/> Delete	TITLE <b>8101 PARK BLVD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUIZ, ROBERTO N</b>		NAME <b>MIAMI FL 33126</b>	
STREET ADDRESS <b>9600 SW 8TH STREET STE 50</b>		STREET ADDRESS <b>MIAMI FL 33126</b>	
CITY-ST-ZIP <b>MIAMI, FL 33174</b>		CITY-ST-ZIP <b>MIAMI FL 33126</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:  **ROBERT J RUIZ** 1-22-04 305-552-7777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #