

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000000938

FILED
Apr 19, 2012
Secretary of State

Entity Name: MASTEC SPAIN, INC.

Current Principal Place of Business:

800 DOUGLAS ROAD, PENTHOUSE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

800 DOUGLAS ROAD, PENTHOUSE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0890231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SV
Name: DE CARDENAS, ALBERTO
Address: 800 DOUGLAS ROAD, PENTHOUSE
City-St-Zip: CORAL GABLES, FL 33134

Title: DP
Name: MAS, JOSE R
Address: 800 DOUGLAS ROAD, PENTHOUSE
City-St-Zip: CORAL GABLES, FL 33134

Title: DCFO
Name: CAMPBELL, CHARLES ROBERT
Address: 800 DOUGLAS ROAD, PENTHOUSE
City-St-Zip: CORAL GABLES, FL 33134

Title: COO
Name: APPLE, ROBERT E
Address: 800 DOUGLAS RD PENTHOUSE
City-St-Zip: CORAL GABLES, FL 33134

Title: V
Name: CAMPBELL, CHARLES ROBERT
Address: 800 DOUGLAS RD PENTHOUSE
City-St-Zip: CORAL GABLES, FL 33134

Title: CEO
Name: MAS, JOSE R
Address: 800 DOUGLAS RD PENTHOUSE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALBERTO DE CARDENAS

SV

04/19/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date