

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90003 030 \*\*\*150.00

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01302006 Chg-P CR2E034 (11/05)

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # P99000067613</b><br>1. Entity Name<br><b>BARCELONA CONSTRUCTION GROUP, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>8530 SW 84 CT<br/>MIAMI, FL 33143</b>  |  |   | Mailing Address<br><b>8530 SW 84 CT<br/>MIAMI, FL 33143</b>  |   |  |
| 2. Principal Place of Business<br><b>8951 SW 4th Ln</b>  |  | 3. Mailing Address<br><b>8951 SW 4th Ln</b>   |  |   |  |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br>   |  |   |  |
| City & State<br><b>Miami, Florida</b>  |  | City & State<br><b>Miami, Florida</b>   |  |   |  |
| Zip<br><b>33174</b>  |  | Country<br>   |  | Zip<br><b>33174</b>   |  |
| Country<br>  |  | Country<br>   |  |   |  |
| 4. FEI Number<br><b>65-0944225</b>   |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   | <b>\$8.75 Additional Fee Required</b>  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ABELLA, FRANCISCO J.<br/>8530 SW 84 CT<br/>MIAMI, FL 33143</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Zenon De Armas</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8951 SW 4th Ln</b><br>City <b>Miami</b> FL Zip Code <b>33174</b> |   |  |
| 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.<br><br>SIGNATURE _____ DATE <b>1/30/06</b><br><small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DE ARMAS, JR., ZENAN<br>8915 SW 4TH LN<br>MIAMI, FL 33174 <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ABELLA, FRANCISCO J<br>8530 SW 84TH COURT<br>MIAMI, FL 33143 <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 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 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: <u>Zenon De Armas</u> DIRECTOR <u>1/30/06</u> <u>205-644-2112</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |  |   |  |