

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90089 016 \*\*\*163.75

**DOCUMENT # P99000069332**

1. Entity Name  
**CONSTRUFOAM, INC**



Principal Place of Business

**13899 BISCAYNE BLVD.  
SUITE 320  
N. MIAMI BEACH, FL 33181**

Mailing Address

**2320 NE 199 STREET  
MIAMI, FL 33180-1828**

**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0939004**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DECASTRO, JULIO A  
2320 NE 199 STREET  
AVENTURA, FL 33180**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DECASTRO, JULIO A  
2320 NE 199 STREET  
AVENTURA, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DECASTRO, MARIA T  
2320 NE 199 STREET  
AVENTURA, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DECASTRO, ALEJANDRO I  
2320 NE 199 STREET  
AVENTURA, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DECASTRO, JULIO A  
2320 NE 199 STREET  
AVENTURA, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JULIO DECASTRO**

**9 July 2007**

Date

**305-6929248**

Daytime Phone #

ATTACHMENT

Leon Egozi & Assoc., P.A. 40125034

Certified Public Accountants

2999 Northeast 191st Street, Suite 240  
Aventura, Florida 33180

Phone: (305) 937-2664  
Fax: (305) 937-5019  
legozi@egozicpa.com

July 3, 2007

Florida Dept. Of State  
Secretary of State  
Division of Corporations  
P.O. Box 8700  
Tallahassee, FL 32314

Re: Construfam, #P99000069332

Gentlemen:

Mr. DeCastro, the president of the company, has been out of the country and just arrived to receive notice of intent to dissolve his company. Please waive any late charges. Enclosed is the payment of \$150 for their 2007 annual report.

Sincerely,

 CPA  
Leon Egozi, C.P.A.

LE/sbe

enc