

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90010 011 ***150.00

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

2. Principal Place of Business - No P.O. Box #

2320 NE 199 ST.

3. Mailing Address

Suite, Apt. #, etc. 1

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH

City & State

Zip

33180-1828

Country

FL

Zip

Country

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

February 13-08

305-6929248