

43

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-27-2005 90002 034 ***150.00

P99000092778

FILED

05 SEP -1 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50053767

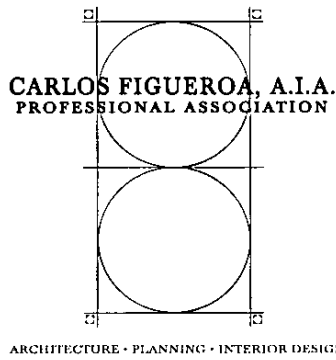


05202005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000092778					
1. Entity Name CARLOS FIGUEROA, AIA, P.A.					
Principal Place of Business 4905 SW 74TH CT. UNIT # 11 MIAMI, FL 33156			Mailing Address 4905 SW 74TH CT. UNIT # 11 MIAMI, FL 33156		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0962536	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIGUEROA, CARLOS 4905 SW 74TH CT. UNIT # 11 MIAMI, FL 33156			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIGUEROA, CARLOS		NAME		
STREET ADDRESS	4905 SW 74 CT. UNIT # 11		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33156		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		
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		
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:		6/22/05		305/220-8957	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

Jan

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July 20, 2005

Division of Corporation
Attn: Reinstatement
Jessica
P.O. Box 6327
Tallahassee, FL 32314

Dear Jessica:

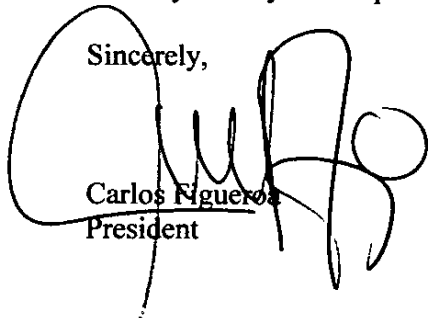
Per your conversation today with Barbara, please accept this as our request for a waiver of the late fee. Although the applications were submitted before the due date they were returned requesting additional documents. Included is a copy of the Fedex receipt dated 6/22/05, which was within 30 days of the letter requesting the additional documentation.

Also attached are copies of the checks which are dated 4-28-05 for the following corporations.

- Carlos Figueroa, AIA, P.A. - #P99000092778
- Opus Acquisitions Group, Inc. - #P02000117105

Thank you for your cooperation in this matter.

Sincerely,



Carlos Figueroa
President

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FedEx Express *USA Airbill*

FedEx
Tracking
Number

8337 0353 8319

SOR12

0215

Form
FD No.

1 From *Please print name and press hard*

Date 6-22-05 Sender's FedEx
Account Number

1936-5663-3

Sender's Name CARLOS FIGUEROA

Phone (305) 220-8997

Company MADISON CONSTRUCTION GROUP

Address 4080 SW 84TH AVE STE D

City MIAMI

State FL

ZIP 33155

2 Your Internal Billing Reference CORPORATIONS/RENEWAL

3 To Recipient's Name Division of Corporations

Phone (850) 245-0096

Company DIVISION OF CORPORATIONS

Address 2670 EXECUTIVE CENTER CIRCLE, SUITE 100

City TALLAHASSEE State FL ZIP 32301



By using this Airbill you agree to the service conditions on the back of this Airbill and in our current Service Guide, including terms that limit our liability.

Questions? Visit our Web site at fedex.com or call 1.800.Go.FedEx.® 800.467.3339.

0213063467

4a Express Package Service

Delivery commitment may be later in some areas.
 FedEx Priority Overnight Next business morning
 FedEx Standard Overnight Next business afternoon
 FedEx Express Saver One-business day

FedEx 2Day Next business day
 FedEx 1Day Freight* Next business day
 FedEx 2Day Freight Second business day
 FedEx 3Day Freight Third business day

4b Express Freight Service

Delivery commitment may be later in some areas.
 FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Surety Pak
 FedEx Envelope*
 Other

5 Packaging

* Declared value limit \$200

6 Special Handling

SATURDAY Delivery Available ONLY for FedEx Priority Overnight and FedEx 2Day to street ZIP codes
 HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations
 HOLD Weekday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations
 HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

7 Payment

Sender Recipient Third Party Credit Card Cash/Check
FedEx Account No. _____ Exp. Date _____
Credit Card No. _____

8 Release Signature

Your liability is limited to \$100 unless you declare a higher value. See back for details.
Signature _____

Total Packages _____ Total Weight _____ Total Declared Value* \$ _____

FedEx Use Only

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CARLOS FIGUEROA, AIA, P.A.
4905 S.W. 74th Court
Miami, FL 33155

2331

63-815/670
BRANCH 01

DATE 4-28-05

Pay to
the order of

FLORIDA DEPARTMENT OF STATE

THE SUM IS **150 DOLLARS** ONLY

\$ 150.00

DOLLARS



EXECUTIVE NATIONAL BANK
9600 NORTH KENDALL DRIVE
MIAMI, FLORIDA 33176

[Handwritten signature]

FOR P990000092778

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MP