## **2008 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Feb 15, 2008 08:00 AM Secretary of State **DOCUMENT # S14934** 1. Entity Name E.M. CONSTRUCTION & GENERAL CONTRACTOR, INC. Principal Place of Business Mailing Address 3235 S.W. 94TH COURT 3235 S.W. 94TH COURT MIAMI, FL 33165 MIAMI, FL 33165 No Chg-P 02122008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0232074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARGOLLES, ENRIQUE MARIO DO NOT WRITE 3235 S.W. 94TH COURT MIAMI, FL 33165 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE **PSTD** MARGOLLES, ENRIQUE M. NAME STREET ADDRESS 3235 S.W. 94TH COURT CITY-ST-ZIP MIAMI, FL. 33165 U000000828711 TITLE NAME 02/26/08-80012-010 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS CITY-ST-ZIP

> PRESIDENT ED DR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR