2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # \$41515** 04-03-2006 90370 017 ***158.75 1. Entity Name REISS CONSTRUCTION GROUP, INC. Principal Place of Business Mailing Address 60024010 9497 SO DIXIE HWY 9497 SO DIXIE HWY **STE 140** STE 140 MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02222006 Chg-P City & State City & State 4. FEI Number Applied For 65-0263998 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **REISS, MICHAEL** Street Address (P.O. Box Number is Not Acceptable) 7801 SW 147 ST MIAMI, FL 33158 City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVT** Change TITLE TITLE ☐ Addition ☐ Delete REISS, MICHAEL REISS, MICHAEL REISS, MICHAEL # 140 9497 So DIKE HWY # 140 MIAMI, FL 33156 NAME NAVE STREET ADDRESS 7801 SW 147 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL COTY-ST-7IP TITLE ☐ Delete TITLE Addition REISS, DENISE Huy#140 NAME NAME STREET ADDRESS STREET ADDRESS MIAMI, FL 33156 CITY-ST-ZIP CHY-ST-7IP Delete MILE Change Addition TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-78 ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TME Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 or an attachment with an address, with all othersike empowered.

11 HAEZ REISS AS PASSIDENT 720/06

FILED