

FROM

(THU) APR 27 2006

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90199 026 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                    |                                                                        |                                                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # S42101</b><br>1. Entity Name<br><b>DENNEL CONSTRUCTION CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                                                    |                                                                        |                                                 |  |
| Principal Place of Business<br><b>7454 SW 22ND ST<br/>         MIAMI, FL 33155</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                    | Mailing Address<br><b>7454 SW 22ND ST<br/>         MIAMI, FL 33155</b> |                                                                                                                                  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      | 3. Mailing Address<br>Suite, Apt. #, etc.                                          |                                                                        |                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      | City & State                                                                       |                                                                        |                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                              | Zip                                                                                | Country                                                                |                                                                                                                                  |  |
| 4. FEI Number<br><b>65-0253878</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                    |                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                           |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                                                    |                                                                        | <b>\$8.75 Additional Fee Required</b>                                                                                            |  |
| 6. Name and Address of Current Registered Agent<br><b>RODRIGUEZ, OTTO<br/>         7454 SW 22ND ST<br/>         MIAMI, FL 33155</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                                                    |                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                                                                    |                                                                        |                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>         After May 1, 2006 Fee will be \$350.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                        | <b>\$5.00 May Be<br/>         Added to Fees</b>                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      |                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                  |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PSD<br>RODRIGUEZ, OTTO<br>7454 SW 22 ST<br>MIAMI, FL <input type="checkbox"/> Delete |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                      |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                      |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                      |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                      |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                      |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| 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 lines unpowered. |                                                                                      |                                                                                    |                                                                        |                                                                                                                                  |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                    | 04-27-06 305 796 2881                                                  |                                                                                                                                  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                    | Daytime Phone #                                                        |                                                                                                                                  |  |

60030451



04262006 Chg-P CR2E034 (11/05)