


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90078 010 ***150.00

DOCUMENT # V43593

1. Entity Name
SANMAR CONSTRUCTION CORP.



Principal Place of Business Mailing Address
7490 WEST FLAGLER STREET **7490 WEST FLAGLER STREET**
MIAMI, FL 33144 **MIAMI, FL 33144**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0341230 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

01062006 Chg-P CR2E034 (11/05)



6. Name and Address of Current Registered Agent

FERNANDEZ BERGNES & ASSOC. P.A.
7490 WEST FLAGLER STREET
MIAMI, FL 33144

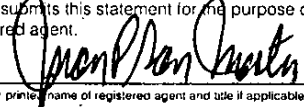
7. Name and Address of New Registered Agent

Name **Juan P. San Martin**

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

City **Coral Gables** FL Zip Code **33146**

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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

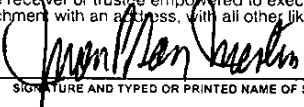
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SAN MARTIN, JUAN PEDRO	
STREET ADDRESS	911 ADUANA	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	SAN MARTIN, JUAN PEDRO	
STREET ADDRESS	911 ADUANA	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  Date **1/19/06** Daytime Phone # **305-794-3213**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR