

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L94532

**Entity Name:** ODEBRECHT CONSTRUCTION, INC.**Current Principal Place of Business:**201 ALHAMBRA CIRCLE  
SUITE 1400  
CORAL GABLES, FL 33134**Current Mailing Address:**201 ALHAMBRA CIRCLE  
SUITE 1400  
CORAL GABLES, FL 33134 US**FEI Number:** 65-0220703**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TURK, PETER  
201 ALHAMBRA CIRCLE  
SUITE 1400  
CORAL GABLES, FL 33134 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DP
Name	NEVES, GILBERTO
Address	201 ALHAMBRA CIRCLE, SUITE 1400
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	STOREY, JAMES JR
Address	201 ALHAMBRA CL. SUITE 1400
City-State-Zip:	CORAL GABLES FL 33134

Title	S
Name	TURK, PETER
Address	201 ALHAMBRA CIRCLE SUITE 1400
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	YVONNE, MEYER
Address	201 ALHAMBRA CIRCLE SUITE 1400
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	CLAUDIO, MONTEIRO
Address	201 ALHAMBRA CIRCLE SUITE 1400
City-State-Zip:	CORAL GABLES FL 33134

Title	TREASURER
Name	AZEVEDO, MARINALDO
Address	201 ALHAMBRA CIRCLE 1400
City-State-Zip:	CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER TURK**SECRETARY****03/31/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date