


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # K01538  
 1. Entity Name  
 ICA CONSTRUCTION CORPORATION



Principal Place of Business: 2655 LEJEUNE ROAD STE 120 CORAL GABLES, FL 33134 US  
 Mailing Address: 908 TOWN & COUNTRY BLVD #120 HOUSTON, TX 77024 US  
*SAME*



06282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 65-0071720 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MALE, MICHAEL H.  
 3250 MARY ST  
 SUITE 303  
 MIAMI, FL 33133

**DO NOT WRITE 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SEPULVEDA, BERNARDO
STREET ADDRESS	2655 LEJEUNE RD, 1000
CITY-ST-ZIP	CORAL GABLES FL, 33134
TITLE	PD
NAME	HERNANDEZ, ANTONIO
STREET ADDRESS	2655 LEJEUNE RD, 1000
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VPT
NAME	MONTANO, SERGIO
STREET ADDRESS	2655 LEJEUNE RD, 1000
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD
NAME	VIDAL, ULISES
STREET ADDRESS	1424 W SAM HOUSTON STE 180
CITY-ST-ZIP	HOUSTON, TX 77043
TITLE	V
NAME	GUERRERO, JOSE L
STREET ADDRESS	2655 LEJEUNE RD, 1000
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VPS
NAME	SERINA, QUIRICO
STREET ADDRESS	2655 LEJEUNE RD, 1000
CITY-ST-ZIP	CORAL GABLES, FL 33134

08/01/05-80012-005 550.00  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: A. HERNANDEZ Date: 7-27-05 Daytime Phone #: (713) 984 7628  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR