

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004417

FILED
Jan 18, 2009
Secretary of State

Entity Name: CUSTOM COMMERCIAL CONSTRUCTION CORP.

Current Principal Place of Business:

76 BROOK STREET
BAY SHORE, NY 11706

New Principal Place of Business:

Current Mailing Address:

PO BOX 711M
BAY SHORE, NY 11706

New Mailing Address:

FEI Number: 11-2256791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTI, JOHN
1502 SW 50TH STREET, UNIT 101
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIPORELLA, VITO
Address: 244 TAHLULAH LANE
City-St-Zip: WEST ISLIP, NY 11795

Title: VPS () Delete
Name: RIPORELLA, PARICIA
Address: 244 TAHLULAH LANE
City-St-Zip: WEST ISLIP, NY 11795

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RIPORELLA, VITO
Address: 244 TAHLULAH LANE
City-St-Zip: WEST ISLIP, NY 11795

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER GARGIULO CPA

ACCT

01/18/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date