


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000017427 1. Entity Name CONSTRUCTION MANAGEMENT OF FLORIDA, INC.	
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Principal Place of Business 20881 RAMITA TRAIL BOCA RATON, FL 33433	Mailing Address 20881 RAMITA TRAIL BOCA RATON, FL 33433
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01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1996632	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAS, CARLOS A ESQ
 C/O ADORNO & YOSS, P.A.
 2601 S BAYSHORE DR, STE 1600
 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 \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LIZAMA, ADELAIDA C 20881 RAMITA TRAIL BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LIZAMA, IGNACIO F 20881 RAMITA TRAIL BOCA RATON, FL 33433
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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: Adelaida C. Lizama Adelaida C. Lizama, President 12/04/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 561.488.9907