2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

04-22-2004 90067 029 ***150.00

DOCUMENT # P03000087055

1. Entity Name
CONSTRUCTIVE BUILDERS, INC.

Principal Place of Business	Mailing Address
880 EAST 1ST PLACE HIALEAH, FL 33010	880 EAST 1ST PLACE HIALEAH, FL 33010

66420071

04122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
781 NE 4 place	781 NE 4 place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialech FL	City & State: Hialeah FL
Zip: 33010 Country: USA	Zip: 33010 Country: USA

4. FEI Number 90-0103837 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEDINA, HEIDI 880 EAST 1ST PLACE HIALEAH, FL 33010	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINA, HEIDI 880 EAST 1ST PLACE HIALEAH, FL 33010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAEZ, CRISTINA E 880 EAST 1ST PLACE HIALEAH, FL 33010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Heidi Medina 5/3/04 (305) 216-0136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #