

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000122740

1. Entity Name
CS2 CONSTRUCTION GROUP, CORP.



Principal Place of Business
15251 SW 46 COURT
MIRAMAR, FL 33027

Mailing Address
15251 SW 46 COURT
MIRAMAR, FL 33027



06012006 No Chg-P CR2E034 (11/05)

4. FEI Number
84-1654956

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SERNA, CRISTYAN
15251 SW 46 COURT
MIRAMAR, FL 33027

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SERNA, CRISTYAN
STREET ADDRESS 15251 SW 46 COURT
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE VSTD
NAME SINTES, MARIA C
STREET ADDRESS 15251 SW 46 COURT
CITY-ST-ZIP MIRAMAR, FL 33027

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00000056878
06/07/06-80002-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #