

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90045 020 \*\*\*\*55.00

<b>DOCUMENT # L04000052380</b> 1. Entity Name <b>CP CONSTRUCTION &amp; INVESTMENT, LLC</b>					
Principal Place of Business <b>1701 SW 2ND AVE MIAMI, FL 33129 US</b>				Mailing Address <b>1701 SW 2ND AVE MIAMI, FL 33129 US</b>	
2. Principal Place of Business <b>5470 NW 114 Avenue</b>		3. Mailing Address <b>5470 NW 114 Avenue</b>			
Suite, Apt. #, etc. <b>104</b>		Suite, Apt. #, etc. <b>104</b>			
City & State <b>Miami</b>		City & State <b>Miami</b>			
Zip <b>33178</b>		Zip <b>33178</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>20-1372578</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORTES, CARLOS F 1701 SW 2ND AVE MIAMI, FL 33129</b>				7. Name and Address of New Registered Agent Name <b>Ricardo Barreto</b> Street Address (P.O. Box Number is Not Acceptable) <b>5470 NW 114 Avenue, Suite 104</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33178</b>	
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 <u><i>Ricardo Barreto</i></u> DATE <u>07/05/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLANIA, MARICELA 50 SW 10 STREET, UNIT 804 MIAMI, FL 33129	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Polania, Maricela 5470 NW 114 Avenue, Suite 104 Miami, FL 33178
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORTES, CARLOS F 50 SW 10 STREET, UNIT 804 MIAMI, FL 33129	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Barreto, Ricardo 5470 NW 114 Avenue, Suite 104 Miami, FL 33178
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Ricardo Barreto</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>07/05/05</u> <u>7863174208</u> <small>Date Daytime Phone #</small>	