## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT #422873** 

CONTEMPORARY BUILDERS, INC.



**FILED** Jan 17, 2008 08:00 AM Secretary of State

Principal Place of Business

1500 SAN REMO AVENUE

SUITE 410 CORAL GABLES, FL 33146 Mailing Address

1500 SAN REMO AVENUE

**SUITE 410** 

CORAL GABLES, FL 33146



01102008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1465368

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSCULLUELA, EUGENIO J. 1500 SAN REMO AVENUE, SUITE 410 CORAL GABLES, FL 33146

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		}	·		
8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSCULLUELA, EUGENIO JR 1500 SAN REMO AVENUE, SUITE 41 CORAL GABLES, FL 33146	0			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST COSCULLUELA, ZADY 1500 SAN REMO AVENUE, SUITE 41 CORAL GABLES, FL 33146	0			000000788123 01/18/08-80026-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP				<u>.</u>	

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

L Eugenio Cosculluels