

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90064 006 ***150.00

DOCUMENT # 494806

1. Entity Name
**CONTEMPORARY COMMUNITY CONCEPTS
CORPORATION**



Principal Place of Business

% JULES S. MINKER
9000 BURMA RD., STE. 102
PALM BEACH GARDENS, FL 33403 US

Mailing Address

% JULES S. MINKER
9000 BURMA RD., STE. 102
PALM BEACH GARDENS, FL 33403 US

40112878



07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2048978	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINKER, JULES S
9000 BURMA ROAD.
SUITE 102
PALM BEACH GARDENS, FL 33403

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MINKER, JULES S
STREET ADDRESS	9000 BURMA RD. STE 102
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33403

TITLE	V
NAME	MINKER, LINDA
STREET ADDRESS	9000 BURMA ROAD, STE. 102
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33403

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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

18 July 08

Date

561-775-5660

Daytime Phone #