


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-03-2006 90208 021 ***150.00

DOCUMENT # F01000004972 1. Entity Name CONTRACT SPECIALTIES GROUP LTD., INC.	
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Principal Place of Business 755 WAVERLY AVE., STE 302 HOLTSVILLE, NY 11742	Mailing Address 755 WAVERLY AVE., STE 302 HOLTSVILLE, NY 11742
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3105864	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
**DEFINI, DANIEL
4870 WINCHESTER DR.
TITUSVILLE, FL 32780**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEFINI, DANIEL 755 WAVERLY AVE, STE 302 HOLTSVILLE, NY 11742
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**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:  **6/11/06** **634757900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #