## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 03, 2004 8:00 am Secretary of State

Halling Address 4440 PRA BLVD, STE. 500 PALM BEACH GARDENS, R. 33410  **Step Apt. 6. 665.**  **Substantial Read of Business	DOCUMENT # F0300000300  1. Entity Name COMMUNICATIONS CONSTRUCTION GROUP OF CALIFORNIA, INC.						08-03-2004 9	90006 024 ***550.	00
PALM BEACH CARDENS, FL 33410  PALM BEACH CARDENS, FL 33410  PALM BEACH CARDENS, FL 33410  2. Principal Place of Business  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  City & State  City &	Principal Place	of Business	Mailing Address			1			
2. Principal Place of Business   3. Mailing Address   07122004   Chg. P   CR2E034 (10/03)	•= "			500				FARCES	•
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   City & State   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   S. Certificate of Status Desirad   SATS Additional Fee Required   SATS Additional Fee Required   SATS Additional Fee Required   City   FL   Zip Code   City   FL   Zip Code   City   FL   Zip Code   City   FL   Zip Code   City   City   FL   Zip Code   City   City   FL   Zip Code   City			PALM BEACH GARDENS					5406652	1
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City & State  Country  S. Certificate of Status Desired  To Name  Name  Street Address of New Registered Agent  To Name  Street Address of New Registered Agent  To Name  Street Address of New Registered Agent  To Name  Not Acceptable)  FL Zip Code  City	2. Principal Place of Business 3. Mailing Address								
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07122004	Chg-P	CR2E034 (10/03)	
S. Cerrincate of Status Desired Fee Required Fee Require	City & State		City & State	City & State					`
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip .	Coun	try	5. Certificate	of Status Desired		
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current	Registered Agent	<u>.                                    </u>		7. Name and	Address of New I		-
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	OT 2022	DATION OVOTEN			Name				
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	1200 S. PINE ISLAND RD.				Street Address (P.O. Box Number is Not Acceptable)				
R. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hybrid or printed name of registered agent and the # applicable.  FILE NOW!!! FEE IS \$550.00  Due by September 8, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  ITILE  DVP  NIELSEN, STEVEN  NIELSEN, STEVEN  NIELSEN, STEVEN  NIELSEN, STEVEN  SIRETA ADDRESS  CITY-ST-ZP  PALM BEACH GARDENS, FL 33410  TILE  DUNN, RICHARD L  STIRET ADDRESS  CITY-ST-ZP  TILE  P PLEPER, RICHARD A  4440 PGA BLVD, STE. 500  PALM BEACH GARDENS, FL 33410  TILE  NAME  SIRETA ADDRESS  CITY-ST-ZP  PALM BEACH GARDENS, FL 33410  TILE  DAVIS, JOSEPH  A440 PGA BLVD, STE. 500  PALM BEACH GARDENS, FL 33410  TILE  DVP  Delete  TILE  P PLEPER, RICHARD A  NAME  SIRETA ADDRESS  CITY-ST-ZP  Delete  TILE  DAVIS, JOSEPH  A440 PGA BLVD, STE. 500  PALM BEACH GARDENS, FL 33410  TILE  NAME  SIRETA ADDRESS  CITY-ST-ZP  TILE  A440 PGA BLVD, STE. 500  PALM BEACH GARDENS, FL 33410  TILE  NAME  SIRETA ADDRESS  CITY-ST-ZP  TILE  A440 PGA BLVD, STE. 500  PALM BEACH GARDENS, FL 33410  Delete  TILE  NAME  SIRETA ADDRESS  CITY-ST-ZP  TILE  A440 PGA BLVD, STE. 500  PALM BEACH GARDENS, FL 33410  Delete  TILE  NAME  SIRETA ADDRESS  CITY-ST-ZP  TILE  A440 PGA BLVD, STE. 500  PALM BEACH GARDENS, FL 33410  Delete  TILE  NAME  SIRETA ADDRESS  CITY-ST-ZP  TILE  NAME  SIRETA ADDRESS  CITY-ST-ZP  TILE  A440 PGA BLVD, STE. 500  PALM BEACH GARDENS, FL 33410  Delete  TILE  NAME  SIRETA ADDRESS  CITY-ST-ZP  TILE  TO  O'BRIEN, DENNIS P  MAME  SIRETA ADDRESS  SIRE	LEVALVI	ON, 1 E 00024							
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Trust Fund Contribution.   Added to Fees	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE	
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nerecy certify triat the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR