2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005282

Name:

Address:

City-St-Zip:

() Delete

9111 SOUTHMONT COVE #404

FORT MYERS, FL 33908

HILL, RICHARD L

Entity Name: COMPOSITE BUILDING STRUCTURES LTD. INC.

FILED Aug 27, 2009 Secretary of State

Littly Nai	ile. COMP	OSITE BUILDING STRUC	TORES, LTD., II	NC.			
Current Principal Place of Business:				New Principal Place of Business:			
#300-143	MERLIN R ERS, FL 33						
Current Mailing Address:				New Mailing Address:			
15880 SUMMERLIN ROAD 300-143 FORT MYERS, FL 33908				15880 SUMMERLIN ROAD #300-143 FORT MYERS, FL 33908			
FEI Number:	20-2927384	FEI Number Applied For	() FEI Nun	nber Not Appli	icable ()	Certificate of Status De	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ANTONIC, JAMES P 9111 SOUTHMONT COVE #406 FORT MYERS, FL 339086298 US				ANTONIC, JAMES P 9111 SOUTHMONT COVE 406 FORT MYERS, FL 339086298 US			
	named enti of Florida.	ty submits this statement fo	or the purpose o	f changing it	s registered	office or registered age	ent, or both,
SIGNATURE:				08/27/2009			
Election Can		ronic Signature of Register cing Trust Fund Contribution (_			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		()Delete AMES P HMONT COVE #406 RS, FL 33908		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ENGEL, KEI 5266 HIDDE BRIGHTON,	N PINES DRIVE		Title: Name: Address: City-St-Zip:	V (X ENGEL, KENN 51 N. HILLSID RIDGEWOOD	E PLACE	
Title:	ST	() Delete		Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES P. ANTONIC CP 08/27/2009

() Change () Addition