

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000004114

1. Entity Name
CONTEXT CONSTRUCTION SERVICES, CORP.



Principal Place of Business
**390 BROADWAY 4TH FLOOR
NEW YORK, NY 10013**

Mailing Address
**390 BROADWAY 4TH FLOOR
NEW YORK, NY 10013**



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4464875

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STUBBS, RICHARD
8140 N TROPICAL TRAIL
MERRITT ISLAND, FL 32953**

**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

000000770934
07/31/07-80007-005 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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	P
NAME	KUSHNER, ADAM
STREET ADDRESS	390 BROADWAY 4TH FLOOR
CITY - ST - ZIP	NEW YORK, NY 10013

TITLE	V
NAME	MATUSCIEWICZ, JAN
STREET ADDRESS	390 BROADWAY 4TH FLOOR
CITY - ST - ZIP	NEW YORK, NY 10013

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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

Date

Daytime Phone #