

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F54964

FILED
Jan 30, 2009
Secretary of State

Entity Name: CONTRACTOR FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1575 SAN IGNACIO STREET, SUITE 400
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

1575 SAN IGNACIO STREET, SUITE 400
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 59-2152856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INVESTMENT MANAGEMENT ASS. INC.
1575 SAN IGNACIO #100
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

INVESTMENT MANAGEMENT ASS. INC.
1575 SAN IGNACIO #400
CORAL GABLES, FL 33146 US

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.

SIGNATURE: RALPH SHEPPARD

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHEPARD, RALPH,
Address: 1575 SAN IGNACIO STREET, SUITE 400
City-St-Zip: CORAL GABLES, FL 33143

Title: ST () Delete
Name: SHEPARD, EVA,
Address: 1575 SAN IGNACIO STREET, SUITE 400
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHEPARD, RALPH,
Address: 1575 SAN IGNACIO STREET, SUITE 400
City-St-Zip: CORAL GABLES, FL 33143

Title: ST (X) Change () Addition
Name: SHEPARD, EVA,
Address: 1575 SAN IGNACIO STREET, SUITE 400
City-St-Zip: CORAL GABLES, FL 33143

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.

SIGNATURE: RALPH SHEPPARD

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date