

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # M31763</b>	
1. Entity Name CUDLIPP CONSTRUCTION COMPANY INC.	



FILED

04 APR 22 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 12865 W DIXIE HWY 101 N MIAMI, FL 33161	Mailing Address 12865 W DIXIE HWY 101 N MIAMI, FL 33161
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2. Principal Place of Business 216 NE 98 ST	3. Mailing Address PO BOX 530926
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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04052004 Chg-P CR2E034 (10/03)

City & State MIAMI SHORES FL	City & State MIAMI FL
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4. FEI Number 59-2669023	Applied For Not Applicable
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Zip 33138	Country MIAMI-DIXIE	Zip 33133	Country MIAMI-DIXIE
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CUDLIPP, MICHAEL P. 12865 W DIXIE HWY 101 N MIAMI, FL 33161	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3483 NE 163 ST City N MIAMI BEACH, FL 33160 FL Zip Code 33160	
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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	DATE 4/5/04

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUDLIPP, MICHAEL P. 12865 W DIXIE HWY N MIAMI, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUDLIPP, ANGELA 12865 W DIXIE HWY N MIAMI, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1099 NE 104 ST MIAMI SHORES FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1099 NE 104 ST MIAMI SHORES FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600036473716 05/14/04 01050 012 **250.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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 my address, with all other like empowered.	
SIGNATURE:	DATE 4/5/04 (325) 940 0668