

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90263 044 \*\*\*158.75

**DOCUMENT # P00000020958**

1. Entity Name  
**CONSTRUCT ALL BUILDING SERVICES, INC.**



Principal Place of Business  
104615 OVERSEAS HIGHWAY  
#5  
KEY LARGO, FL 33037

Mailing Address  
P.O. BOX 1819  
KEY LARGO, FL 33037

**50000331**



2. Principal Place of Business - No P.O. Box #  
**104615 Overseas Hwy**

3. Mailing Address

Suite, Apt. #, etc.  
**#3**

Suite, Apt. #, etc.

01102007 Chg-P CR2E034 (12/06)

City & State  
**Key Largo FL**

City & State

4. FEI Number  
**65-1034887**

Applied For  
Not Applicable

Zip  
**33037**

Country  
**USA**

Zip  
Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONTEAGUDO, JESUS**  
**171 BAHAMA AVENUE**  
**KEY LARGO, FL 33037**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D** ☐ Delete  
**MONTEAGUDO, JESUS**  
**P.O. BOX 1819**  
**KEY LARGO, FL 33037**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D** ☐ Delete  
**MONTEAGUDO, DIANA**  
**P.O. BOX 1819**  
**KEY LARGO, FL 33037**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

**Diana Monteagudo**

Daytime Phone #

**1/10/07 305-453-0505**