

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000017789

1. Entity Name
CONTEMPUS CONSTRUCTION COMPANY



Principal Place of Business

17150 ROYAL PALM BLVD
SUITE #2
WESTON, FL 33326 US

Mailing Address

17150 ROYAL PALM BLVD
SUITE #2
WESTON, FL 33326 US



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1075787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOKANA, ALBERT A
17150 ROYAL PALM BLVD
SUITE #2
WESTON, FL 33326

**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 reconstituting)

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

TITLE PRS
NAME YOKANA, ALBERT A
STREET ADDRESS 17150 ROYAL PALM BLVD, SUITE#2
CITY-ST-ZIP WESTON, FL 33326

TITLE VP
NAME VELA, JAIRO H
STREET ADDRESS 17150 ROYAL PALM BLVD, SUITE#2
CITY-ST-ZIP WESTON, FL 33326

TITLE TR
NAME GARZON, CRISANTO
STREET ADDRESS 17150 ROYAL PALM BLVD, SUITE#2
CITY-ST-ZIP WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000637508
02/26/07-80063-014 150.00

**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

02-13-07

Date

(954) 762-6555

Daytime Phone #