

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000071351

1. Entity Name
CONSUL-TECH CONSTRUCTION MANAGEMENT, INC.



FILED

07 FEB -2 PM 1:59

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3141 COMMERCE PARKWAY
MIRAMAR, FL 33025

Mailing Address
3141 COMMERCE PARKWAY
MIRAMAR, FL 33025

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-1123256

Applied For

Not Applicable

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

MURAI WALD BIONDO & MORENO PA
2 ALHAMBRA PLAZA, PENTHOUSE 1B
CORAL GABLES, FL 33134

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 reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

000087605220
02/08/07--01001--018 **70.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS
NAME GARGANTA, ANDRES
STREET ADDRESS 9933 SW 21ST STREET
CITY-ST-ZIP MIAMI, FL ☐ Delete

TITLE ☒ Change ☒ Addition
NAME JOHN ROWELL
STREET ADDRESS 1285 VENETIAN WAY
CITY-ST-ZIP NAPLES, FL 34110

TITLE TPD
NAME MALLOL, CARLOS
STREET ADDRESS 7361 SW 123RD PLACE
CITY-ST-ZIP MIAMI, FL ☐ Delete

TITLE ☒ Change ☒ Addition
NAME MAURICIO ARZE
STREET ADDRESS 1526 MIRA VISTA CIRCLE
CITY-ST-ZIP WESTON, FL 33327

TITLE V
NAME CLARKE, KRISTINA
STREET ADDRESS 3451 SHADY BEND
CITY-ST-ZIP FORT MYERS, FL 33905 ☐ Delete

TITLE ☒ Change ☒ Addition
NAME WILLIAM GARCIA
STREET ADDRESS 7804 SW 146th COURT
CITY-ST-ZIP MIAMI, FL 33183

TITLE V
NAME VERGARA, FELIX
STREET ADDRESS 712 BUOY ROAD
CITY-ST-ZIP NORTH PALM BEACH, FL ☐ Delete

TITLE ☒ Change ☒ Addition
NAME CARY REA
STREET ADDRESS 2000 N. HIATUS ROAD
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE V
NAME SHAFFREN, HOWARD
STREET ADDRESS 180 NW 104TH TERRACE
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/29/07 954 438 4300
Date Daytime Phone #