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Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90836 039 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000100032

1. Entity Name
CONTEK CONSTRUCTION SERVICES, INC.

40092986

03072007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1320 S DIXIE HWY SUITE 1060 CORAL GABLES, FL 33146	1320 S DIXIE HWY SUITE 1060 CORAL GABLES, FL 33146

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5915 Ponce De Leon Blvd.	5915 Ponce De Leon Blvd.
Suite, Apt. #, etc.: Suite 19	Suite, Apt. #, etc.: Suite 19
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country: US	Zip: 33146 Country: US

4. FEI Number: 55-0796208 ☐ 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
MOYA, ELIZABETH M 1320 SOUTH DIXIE HWY SUITE 1060 CORAL GABLES, FL 33146	Name: Street Address (P.O. Box Number is Not Acceptable): 5915 Ponce De Leon Blvd. Suite 19 City: Coral Gables FL Zip Code: 33146

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: X [signature] Elizabeth Moya DATE X 4/27/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SAKRAN, ADAM N		NAME	
STREET ADDRESS	11800 SW 68 CT		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: X [signature] Adam Sakran ~~Elizabeth Moya~~ X 4/27/07 305-665-4480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #