

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90836 039 ***150.00

DOCUMENT # P01000100032	
1. Entity Name CONTEK CONSTRUCTION SERVICES, INC.	

40092986

Principal Place of Business 1320 S DIXIE HWY SUITE 1060 CORAL GABLES, FL 33146	Mailing Address 1320 S DIXIE HWY SUITE 1060 CORAL GABLES, FL 33146
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2. Principal Place of Business - No P.O. Box # 5915 Ponce De Leon Blvd.	3. Mailing Address 5915 Ponce De Leon Blvd.
Suite, Apt. #, etc. Suite 19	Suite, Apt. #, etc. Suite 19

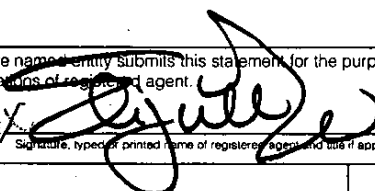
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33146	Zip 33146
Country US	Country US

03072007 Chg-P CR2E034 (12/06)

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 MOYA, ELIZABETH M 1320 SOUTH DIXIE HWY SUITE 1060 CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5915 Ponce De Leon Blvd. Suite 19 City Coral Gables FL Zip Code 33146
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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.

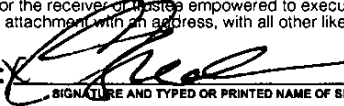
SIGNATURE  **Elizabeth Moya** DATE **4/27/07**

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAKRAN, ADAM N 11800 SW 68 CT MIAMI, FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  **Adam Sakran** **Elizabeth Moya** DATE **4/27/07** 305-665-4480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR