

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90006 050 ***150.00

DOCUMENT # P01000121427	
1. Entity Name CONTACT CONSTRUCTIONS INC.	



Principal Place of Business 1359-1363 SHOTGUN RD. SUNRISE, FL 33326	Mailing Address 1359-1363 SHOTGUN RD. SUNRISE, FL 33326
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2. Principal Place of Business 883 GOLDEN CANE DR. Suite, Apt. #, etc.	3. Mailing Address 883 GOLDEN CANE DR. Suite, Apt. #, etc.
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City & State WESTON, FL	City & State WESTON, FL
Zip 33327	Zip 33327
Country	Country



04162005 Chg-P CR2E034 (10/03)

4. FEI Number 01-0547876	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FINOL, CARMEN V 1359-1363 SHOTGUN ROAD SUNRISE, FL 33326	7. Name and Address of New Registered Agent Name FINOL, CARMEN V. Street Address (P.O. Box Number is Not Acceptable) 883 GOLDEN CANE DR. City WESTON, FL Zip Code 33327
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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 <i>Carmen V. Finol</i>	DATE <i>5/16/2005</i>

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD PENALOZA, RUBEN 1359-1363 SHOTGUN RD. SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENALOZA, RUBEN 883 GOLDEN CANE DR. WESTON, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENALOZA, LUIS F 1359-1363 SHOTGUN RD. SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENALOZA, LUIS F. 883 GOLDEN CANE DR WESTON, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINOL, CARMEN V 1359-1363 SHOTGUN RD. SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINOL, CARMEN V. 883 GOLDEN CANE DR. WESTON, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENALOZA, MARIA 1359-1363 SHOTGUN RD. SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENALOZA, MARIA 883 GODEN CANE DR. WESTON, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Carmen V. Finol</i>	DATE <i>5/16/2005</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	