

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000037615

1. Entity Name

CONSTRUCTION TECH INVESTMENTS CORP.



Principal Place of Business

8890 WEST OAKLAND PARK BOULEVARD
SUITE 201
SUNRISE FL 33351

Mailing Address

8890 WEST OAKLAND PARK BOULEVARD
SUITE 201
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 02-0577380

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

HOTTE, JOHN F ESQ.
2400 EAST COMMERCIAL BOULEVARD
SUITE 826
FORT LAUDERDALE FL 33308

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 restate)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 STD
NAME HOTTE, DANIEL
STREET ADDRESS 8890 WEST OAKLAND PARK BOULEVARD SUITE 201
CITY- ST- ZIP SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
UN110000186809
03/12/04-80039-002 158.75

TITLE PD
NAME HOTTE, JOHN F ESQ.
STREET ADDRESS 2400 EAST COMMERCIAL BOULEVARD #826
CITY- ST- ZIP FT. LAUDERDALE FL 33308

TITLE
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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #