**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

changed, or on an attack

SIGNATURE:

## Feb 12, 2004 08:00 AM DOCUMENT # P02000064582 **Secretary of State** 1. Entity Name CONTECH GROUP CONSTRUCTION, INC. Principal Place of Business Mailing Address 6847 S.W. 13TH STREET MIAMI FL 33144 6847 S.W. 13TH STREET MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 27-0017137 Not Applicable Zερ Country Zγp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, JOHN M Street Address (P.O. Box Number is Not Acceptable) 6847 S.W. 13TH STREET MIAMI FL 33144 City 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. SIGN MERE. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. De. TITLE Delete BILE Change ☐ Addition HERNANDEZ, JOHN M NAME TARASS STREET ADDRESS 6847 S.W. 13TH STREET STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change Addition NAME NAME U00000047853 STREET ADDRESS STREET ADDRESS 02/12/04-80057-010 150.00 CITY - ST - 789 CITY-ST-ZIP Delete TITLE 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 CUTY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MANKE NAME STREET ADDRESS SZBROGA TBBRTZ CITY-ST-ZIP C11Y-S7-21P TILLE ☐ Delete ☐ Change T37LE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP thereby 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 empoyed do execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED**