2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066256

6632 BAYFRONT DR

MARGATE, FL 33063 US

Address:

City-St-Zip:

FILED Mar 20, 2004 Secretary of State

Entity Name: CHRISTIAN BROTHERS AND SISTER, CONSTRUCTION, PAINTING, CLEANERS INC **Current Principal Place of Business: New Principal Place of Business:** 208 ICHABOD AV 409 WEST HALLANDALE BEACH BLV LEE ACRESS, FL 33971 215 HALLANADALE, FL 33009 **Current Mailing Address: New Mailing Address:** 208 ICHABOD AV 409 WEST HALLANDALE BAECH BLV LEE ACRESS, FL 33971 HALLANADALE, FL 33009 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUIZ, OSCAR A DR 20425 NE 19 CT MIAMI, FL 33179 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RUIZ, OSCAR A DR Name: Name: 20425 NE 19 CT Address: Address: City-St-Zip: MIAMI, FL 33179 US City-St-Zip: Title: VΡ Title: () Delete (X) Change () Addition Name: MARIN, OLEGARIO PASTOR Name: VILLEGAS, WILLIAN 20425 NE 19 AV 409 WEST HALANADALE BEACH-216 Address: Address: HALLANADALE, FL 33009 US LEE ACRESS, FL 33971 US City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition SCR () Delete SCR VALENCIA, WILLIAN FERNADEZ, ALICIA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ALICIA FERNADEZ SRC 03/20/2004

409 WEST HALLANDALE BAECH BLV-216

HALLANDALE, FL 33009 US