


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

5/4

05-05-2004 90204 041 \*\*\*150.00

**DOCUMENT # P03000071396**  
 1. Entity Name  
**CONSTRUCTION SERVICES UNLIMITED, INC.**



Principal Place of Business      Mailing Address  
**15865 N.W. 14TH ROAD**      **15865 N.W. 14TH ROAD**  
**PEMBROKE PINES, FL 33028 BR**      **PEMBROKE PINES, FL 33028 BR**

bb4z8b33



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.:      Suite, Apt. #, etc.

04282004    Chg-P    CR2E034 (10/03)

City & State      City & State

4. FEI Number  
**91-2196652**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GARCIA, TINA M**  
**15865 N.W. 14TH ROAD**  
**PEMBROKE PINES, FL 33028**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	GARCIA, TINA M	15865 N.W. 14TH ROAD	PEMBROKE PINES, FL 33028	<input type="checkbox"/>
VP	GARCIA, RAYMOND B JR	15865 N.W. 14TH ROAD	PEMBROKE PINES, FL 33028	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Tina M. Garcia      Date: 4/28/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

954433-5426