

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90008 026 ***150.00

44046725



07012004 Chg-P CR2E034 (10/03)

4. FEI Number **05-0590692** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, REINALDO
8127 VALENCIA COLLEGE LN
ORLANDO, FL 32825

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

[Signature]

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/01/04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ALVAREZ, REINALDO	
STREET ADDRESS	P O BOX 574996	
CITY - ST - ZIP	ORLANDO, FL 32857	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASTILLO, JOHN	
STREET ADDRESS	P.O. BOX 574996	
CITY - ST - ZIP	ORLANDO, FL 32857	
TITLE	V	<input type="checkbox"/> Delete
NAME	CANEPA, FELIPE	
STREET ADDRESS	4017 CORALBROOKE GROVE	
CITY - ST - ZIP	ORLANDO, FL 32826	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARLOS E Sanabria	
STREET ADDRESS	P.O. Box 574996	
CITY - ST - ZIP	ORLANDO FL 32857	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

S **CARLOS E Sanabria** ☐ Change ☒ Addition
P.O. Box 574996
ORLANDO FL 32857

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/01/04

Date

Daytime Phone #

Attachment
#44046725

JULY 1ST, 2004

REFERENCE: C.R. CONSTRUCTION GROUP INC.
DOCUMENT # P03000095467

TO: THE DEPARTMENT OF STATE.

THIS LETTER IS TO LET KNOW THAT I NEVER RECEIVED NOTICE OF ANNUAL REPORT ON TIME. PLEASE I ASK FOR THE PENALTY TO BE WAIVED, I WILL MAKE SURE MY REPORT WILL GO ON TIME FROM NOW ON.



REINALDO ALVAREZ (PRESIDENT)

OK

RECEIVED BY THE DEPARTMENT OF STATE