

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90135 018 ***150.00

DOCUMENT # P03000104080					
1. Entity Name CONSTRUCTION MASTERS OF SOUTH FLORIDA, INC.					
Principal Place of Business 9740 SW 164 AVE. MIAMI, FL 33196			Mailing Address 9740 SW 164 AVE. MIAMI, FL 33196		
2. Principal Place of Business 12471 S.W. 130th		3. Mailing Address			
Suite, Apt. #, etc. B-23		Suite, Apt. #, etc.			
City & State Miami, FL		City & State			
Zip 33186		Country USA		4. FEI Number 11-3703904	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, MAGGIE 9740 SW 164 AVE. MIAMI, FL 33196			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 5/1/04					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RODRIGUEZ, MAGGIE STREET ADDRESS 9740 SW 164 AVE. CITY-ST-ZIP MIAMI, FL 33196	<input type="checkbox"/> Delete		TITLE Director NAME Samantha Rodriguez STREET ADDRESS 9740 S.W. 164 ave CITY-ST-ZIP Miami, FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME REYES, CECILIA STREET ADDRESS 9740 SW 164 AVE. CITY-ST-ZIP MIAMI, FL 33196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:			Date 5/1/04 Daytime Phone # 786-256-3040		