2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ANNOAL REPORT (AR)								
DOCUMENT # P04000021292 1. Entity Name						FILED		
CONSTRUCTION ZONE, INC.							25	
Principal Place of Business Mailing Address					1	03 SEF 11	6 PH 1: (JS
540 BRICKELL KEY DRIVE SUITE 1213 MIAMI FL 33131		540 BRICKELL KEY DRIVE SUITE 1213 MIAMI FL 33131		SECKLIY OF STATE				
2. Principal P	lace of Business	3. Mailing Address			inen in ben bibli objik solu solu	BB E (BB E = 1:4 0	U) U ((B)BB(((1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2г	nd MOORE C	CR2E034 (5/05	5)	
City & State		City & State			4. FEI Numb	20-06751	83	Applied For Not Applicable
Zip	Country Zip		Country		5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent					7. Name and	d Address of New Regi	stered Agent	
Nai					–	•		
DOMENICO, ALBANO 540 BRICKELL KEY DRIVE SUITE 1213			i	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33131								
			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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be								
DUE BY September 7, 2005 Make Check Payable to Florida Department of State Ide fee. By checking this box, the corpora did not receive prior notice. Fee to file is \$1.000.					_	9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFFICE	RS AND DIRECT	TORS IN 11
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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 live 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 of 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 chapter do not not appear that I am an officer or Block 11 if								