

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000024052

1. Entity Name
CDN CONSTRUCTION CORP.



Principal Place of Business
**3540 S OCEAN BLVD
703
PALM BEACH, FL 33480**

Mailing Address
**3540 S OCEAN BLVD
703
PALM BEACH, FL 33480**



02172008 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3783238	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DE NARVAEZ, MARIA C
3540 S OCEAN BLVD
703
PALM BEACH, FL 33480**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE NARVAEZ, MARIA C
STREET ADDRESS	3540 S OCEAN BLVD
CITY- ST- ZIP	PALM BEACH, FL 33480

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000834384
02/28/08-80051-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08 (561) 716-0317
Date Daytime Phone #