

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077001

FILED
Jun 03, 2008
Secretary of State

Entity Name: CONTEMPORARY CONTRACTORS OF FLORIDA, INC.

Current Principal Place of Business:

3406 NW 34 AVENUE
MIAMI, FL 33431

New Principal Place of Business:

Current Mailing Address:

PO BOX 8077
DELRAY BEACH, FL 33482

New Mailing Address:

FEI Number: 20-1418014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, GREGORY A P.A.
801 BRICKELL AVE 9 FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: MOODY, E.G.
Address: PO BOX 8077
City-St-Zip: DELRAY BEACH, FL 33482

Title: ST () Delete
Name: MOODY, DOROTHY
Address: P.O. BOX 8077
City-St-Zip: DELRAY BEACH, FL 33482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E.G.MOODY

PV

06/03/2008

Electronic Signature of Signing Officer or Director

_____ Date