

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90064 037 \*\*\*158.75

**DOCUMENT # P04000085238**

1. Entity Name

**CONSTRUCTION MANAGEMENT, CONTRACTING &  
INTERIORS INC.**



Principal Place of Business

**6194 LAUREL LANE  
B  
TAMARAC FL 33319**

Mailing Address

**6194 LAUREL LANE  
B  
TAMARAC FL 33319**

**40019964**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

**6194-B LAUREL LN**

3. Mailing Address

**6194-B LAUREL LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMARAC, FLORIDA**

City & State

**TAMARAC, FLORIDA**

4. FEI Number

**#20-1193-819**

Applied For

Not Applicable

Zip

**33319-6207**

Country

**BROWARD**

Zip

**33319-6207**

Country

**BROWARD**

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ RAMOS, WILFREDO  
6194 LAUREL LANE  
B  
TAMARAC FL 33319**

7. Name and Address of New Registered Agent

Name: **WILFREDO PEREZ RAMOS**

Street Address (P.O. Box Number is Not Acceptable)

**6194-B LAUREL LN**

City: **TAMARAC**

**FL**

Zip Code

**33319-6207**

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

**WILFREDO PEREZ RAMOS / President 2/12/06**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ RAMOS, WILFREDO	
STREET ADDRESS	6194 B LAUREL LANE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	SECT	<input type="checkbox"/> Delete
NAME	PEREZ, GIOVANNI	
STREET ADDRESS	6194 B LAUREL LANE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VICE PRESIDENT-TREASURER	<input checked="" type="checkbox"/> Addition
NAME	JULIO CESAR MALDONADO	
STREET ADDRESS	811 POTOMAC DRIVE	
CITY-ST-ZIP	WEST MELBORNE, FLORIDA 32904	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**WILFREDO PEREZ RAMOS / President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/06**

**(321) 288-6688**  
Daytime Phone #