

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90133 045 ***550.00

DOCUMENT # P04000085365

1. Entity Name
CONSTRUCTION MANAGEMENT & CONSULTING, INC.



Principal Place of Business
1799 NE 4 AVENUE
22
MIAMI, FL 33132

Mailing Address
1799 NE 4 AVENUE
22
MIAMI, FL 33132

50064906



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

16-1723812

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEIBE, PABLO A MR.
1799 NE 4 AVENUE
22
MIAMI, FL 33132

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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE P,VP Delete
NAME BEIBE, PABLO A MR.
STREET ADDRESS 1799 NE 4 AV SUITE 22
CITY-ST-ZIP MIAMI, FL 33132

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change 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:

PABLO A. BEIBE

08/30/05

(305) 244-9272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 52064906

#P04000085365



CONSTRUCTION MANAGEMENT & CONSULTING

1799 NE 4th Ave. suite 22,
Miami, FL 33132
Ph: (305) 244-9272 Fax: (305) 381-9849

August 30th, 2005

Florida Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

To whom it may concern:

Attached please find check # 130 for \$ 550.00 for our annual report for 2005.

This would be our first report since the starting of our business and due to lack of experience we did not realize about the seriousness of the original dead line.

At this point we understand the importance of complying with the additional charges but due to the impact in our very young business we respectfully request that you exercise your discretion and reimburse us the additional imposed fee.

Trusting that our unique circumstances will mitigate this penalty, should you have any additional question please contact us.

Sincerely

Pablo A. Beibe