

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-06-2005 90108 001 ***150.00

DOCUMENT # P04000094276

1. Entity Name

CONSTRUCTION NETWORK PROFESSIONALS, INC.



Principal Place of Business

3207 WHOOPING CRANE RUN
KISSIMMEE FL 34741

Mailing Address

3207 WHOOPING CRANE RUN
KISSIMMEE FL 34741

2. Principal Place of Business

3. Mailing Address

Suite Apt # etc

Suite Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

223901620

Applied For

Not Applied

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 of Registered Agent (Required if agent and office are changing)

Signature of Registered Agent (Required if agent is changing)

Date

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 Max

Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PTD
RUBIO, JUAN JR
3207 WHOOPING CRANE RUN
KISSIMMEE FL 34741 ☐ Delete

NAME ☐ Change ☐ Add
STREET ADDRESS
CITY STATE ZIP

VSD
MIGUEL, MARIA
3207 WHOOPING CRANE RUN
KISSIMMEE FL 34741 ☐ Delete

NAME ☐ Change ☐ Add
STREET ADDRESS
CITY STATE ZIP

☐ Delete

NAME ☐ Change ☐ Add
STREET ADDRESS
CITY STATE ZIP

☐ Delete

NAME ☐ Change ☐ Add
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CITY STATE ZIP

☐ Delete

NAME ☐ Change ☐ Add
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CITY STATE ZIP

☐ Delete

NAME ☐ Change ☐ Add
STREET ADDRESS
CITY STATE 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, changed, or on an attachment with an address, with all other like empowered.

[Signature]