

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122740

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** CS2 CONSTRUCTION GROUP, CORP.

**Current Principal Place of Business:**

398 SW MCCOMB AVENUE  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

398 SW MCCOMB AVENUE  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 84-1654956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SERNA, CRISTYAN  
398 SW MCCOMB AVENUE  
PORT SAINT LUCIE, FL 34953 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SERNA, CRISTYAN  
**Address:** 398 SW MCCOMB AVENUE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953

**Title:** VP  
**Name:** SINTES, FRANCISCO J  
**Address:** 398 SW MCCOMB AVENUE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953

**Title:** VP  
**Name:** SINTES, MARIA C  
**Address:** 398 SW MCCOMB AVENUE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953

I hereby 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 all other like empowered.

**SIGNATURE:** FRANCISCO SINTES

VP

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date