

2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/2/2007-90088-030-\$150.00-\$150.00

FILED

07 JUL -3 PM 3:38

CLERK OF STATE
TALLAHASSEE, FLORIDA



04262007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000108330					
1. Entity Name CENTERLINE CONSTRUCTION GROUP, INC.					
Principal Place of Business 3149 JOHN P. CURCI DRIVE PEMBROKE PINES, FL 33009			Mailing Address 3149 JOHN P. CURCI DRIVE PEMBROKE PINES, FL 33009		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SILVERBERG & ASSOCIATES, PA 2665 EXECUTIVE PARK DRIVE SUITE 2 WESTON, FL 33331				Name: NORGE ARNAIZ Street Address (P.O. Box Number is Not Acceptable): 3149 JOHN P CURCI DRIVE WAY *3 City: PEMBROKE PARK FL Zip Code: 33009	
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: <i>Norge Arnaiz</i> President				DATE: 4-27-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNAIZ, NORGE		NAME		
STREET ADDRESS	3149 JOHN P. CURCI DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33009		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: <i>Norge Arnaiz</i> President				DATE: 4-27-07 3057967239	