## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000015844

City-St-Zip:

CORAL SPRINGS, US 33076 US

Entity Name: CONTRACTORS & ENGINEERS NETWORK, INC.

FILED May 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
	V 62ND. COUF PRINGS, FL 3		US		
Current Mailing Address:				New Mailing Address:	
	V 62ND. COUF PRINGS, FL 3		US		
FEI Number	: 75-3229986	FEI N	umber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current	Registered Agent:	Name and Address	of New Registered Agent:
12472 N V	.M, CHAHNAZ V 62ND. COUF PRINGS, FL 3	₹T	US		
	e named entity e of Florida.	submits	this statement for the	purpose of changing its register	red office or registered agent, or both,
SIGNATU	RE: CHAHNA	Z ALBA	ASSAM		
	Electror	nic Sign	ature of Registered Ag	ent	Date
				ot receive the prior notice.	
	mpaign Financin	_	und Contribution ( ).	ADDITIONS/CHANA	GES TO OFFICERS AND DIRECTORS
OFFICER	3 AND DIREC	IORS.		ADDITIONS/CHAIN	SES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P, D ALBASSAM, CI 12472 N W 62I CORAL SPRIN	ND. COU	RT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VP,D ALBASSAM, LO 12472 NW 62N CORAL SPRIN	ID. COUF		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	T, D ( ) Delete ALBASSAM, JEANAN H 12472 N W 62ND. COURT CORAL SPRINGS, FL 33076 US			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	S ( ) ALBASSAM, HA 12472 N W 62I			Title: Name: Address:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: HAYTHEM ALBASSAM S 05/20/2009