


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1082

DOCUMENT # P93000006643		
1. Entity Name CONSTRUCTORS CONSORTIUM, INC.		

FILED
05 SEP 30 AM 9:18
TALLAHASSEE, FLORIDA

Principal Place of Business 4128 NORTH MIAMI AVENUE MIAMI FL 33127	Mailing Address 4128 NORTH MIAMI AVENUE MIAMI FL 33127
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 05

4. FEI Number 65-0456771		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent UCHE, EMMANUEL O 4128 NORTH MIAMI AVENUE MIAMI FL 33127		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
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FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust/Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO UCHE, EMMANUEL O. 13701 SW 103RD PLACE MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILMORE, SAMUEL L 3171 NW 57 STREET MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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:		9/6/05 (305) 546-0572
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The Architectural Design Consortium

4128 N. Miami Avenue

Tel: 305-576-0572

Fax: 305-576-6718

Miami, FL 33127

Tel: 800-617-2167

Fax: 800-617-2174

2082

09/07/05

Dear Sir/Madam:


**Annual Corporate Report Late Charge Waiver for
Document #: P93000006643, Constructors Consortium, Inc.**

This is to notify you that we did not receive the first notice sent to us and I spoke to one of your account representatives Mr. Gary regarding this matter, he instructed me to do a letter requesting a late charge waiver, and send it along with the filled out form, and the check.

Therefore, I hereby request for a late charge waiver for the Document #: P93000006643, Constructors Consortium, Inc.

Thank you so much for your help in this matter, and am looking forward to getting the renewal soon.

Sincerely:
Constructors Consortium, Inc.



Office Manager