


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000006643</b> 1. Entity Name CONSTRUCTORS CONSORTIUM, INC.	
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Principal Place of Business 4128 NORTH MIAMI AVENUE MIAMI, FL 33127	Mailing Address 4128 NORTH MIAMI AVENUE MIAMI, FL 33127
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<b>DO NOT WRITE IN THIS SPACE</b>
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08082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0456771	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  UCHE, EMMANUEL O 4128 NORTH MIAMI AVENUE MIAMI, FL 33127
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 restatesting) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO UCHE, EMMANUEL O. 13701 SW 103RD PLACE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U000000772233 08/17/07-80004-013 558.75</p>          <b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **8/8/07** **(305) 578-0572**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #