

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90083 042 \*\*\*150.00

**DOCUMENT # P95000050529**

1. Entity Name  
**CONSTRUCTION MATERIALS INTERNATIONAL, INC.**



Principal Place of Business  
**200 S. HOOVER  
BLDG 215, STE 120  
TAMPA, FL 33609 US**

Mailing Address  
**P.O. BOX 10637  
TAMPA, FL 33679 US**

**50002233**



02102006 Chg-P CR2E034 (11/05)

Principal Place of Business  
**206 S. Hoover Blvd.**

3. Mailing Address

Suite, Apt. #, etc.  
**STE 120**

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State

4. FEI Number  
**59-3324314**

Applied For  
Not Applicable

Zip  
**33609**

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MITCHELL, GEORGE  
4939 ST CROIX DR  
TAMPA, FL 33627**

## 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BATISTA, MICHAEL**  
STREET ADDRESS **9102 REGENTS PARK DR.**  
CITY-ST-ZIP **TAMPA, FL**

TITLE **VP** ☐ Delete  
NAME **MITCHELL, GEORGE**  
STREET ADDRESS **4939 ST. CROIX DR**  
CITY-ST-ZIP **TAMPA, FL 33627**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4939 New Providence Ave.**  
CITY-ST-ZIP **Tampa 33627**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-22-06 813-287-8265**