
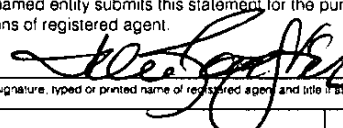
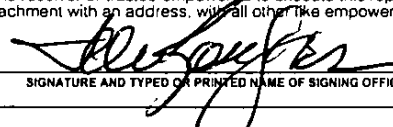


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90036 009 ***158.75

| | | | |
|--|---|---|--|
| DOCUMENT # P95000095016 1. Entity Name CITY CONSTRUCTION GROUP, INC. | |  | |
| Principal Place of Business 501 SW DOUGLAS RD MIAMI, FL 33135 | | Mailing Address 501 SW DOUGLAS RD MIAMI, FL 33135 | |
| 2. Principal Place of Business - No P.O. Box # 2727 SW 26 Ave Suite, Apt. #, etc. | | 3. Mailing Address 2727 SW 26 Ave Suite, Apt. #, etc. | |
| City & State Coconut Grove Zip 33133 Country USA | | City & State Coconut Grove Zip 33133 Country USA | |
| 4. FEI Number 65-0628390 | | 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 ROETTGER, JOHN C 501 SW DOUGLAS RD MIAMI, FL 33135 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2727 SW 26 Ave City Coconut Grove FL Zip Code 33133 | |
| 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:  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE: 3/19/08 | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP | PD ROETTGER, JOHN C 501 SW DOUGLAS RD MIAMI, FL 33135 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD JUNCADILLA, JAVIER 501 SW DOUGLAS RD MIAMI, FL 33135 | <input type="checkbox"/> Delete | <input checked="" 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 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:  | | Date: 3/19/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |