

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000016257

FILED  
Aug 20, 2009  
Secretary of State

**Entity Name:** CONTEMPORARY CONTRACTORS & ENGINEERING, INC.

**Current Principal Place of Business:**

3406 NW 34TH AVE  
MIAMI, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8077  
DELRAY BEACH, FL 33482 US

**New Mailing Address:**

**FEI Number:** 65-0729384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MARTIN, GREGORY A  
801 BRICKELL AVENUE  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

MARTIN, GREGORY A  
1925 BRICKELL AVENUE  
D202  
MIAMI, FL 33131 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

08/20/2009

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: MOODY, ELWIN GENE  
Address: P.O.BOX 8077  
City-St-Zip: DELRAY BEACH, FL 334482

Title: T ( ) Delete  
Name: MOODY, DOROTHY Y  
Address: P.O.BOX 8077  
City-St-Zip: DELRAY BEACH, FL 33482

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: MOODY, ELWIN GENE  
Address: P.O.BOX 8077  
City-St-Zip: DELRAY BEACH, FL 33482

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ELWIN GENE MOODY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PS

08/20/2009

\_\_\_\_\_  
Date