2008 FOR PROFIT CORPORATION

FILED Apr 07, 2008 8:00 am Secretary of State

		REPO	RT	J I'

DOCUMENT # P98000069341 1. Entity Name CO CONSTRUCTION AND MANAGEMENT SERVICE, INC.							(•	009 ***1	50.00
Principal Place	e of Rusiness	Mailing Address				4,00	107				
2499 GLADES RD 2499 GLADES RD Suite 210 Suite 210											
BOCA RATON, FL 33431 BOCA RATON, FL 33431											
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Principal Place of Business - No P.O. Box # Mailing Address											
Suite. Apt. #, etc.		Suite, Apt. #, etc.			01172008	8 (Chg-P	CR2E	034 (12/06)		
City & State		City & State			4. FEI Num 65-08	nber 35679	6		No	pplied For at Applicable	
Zip	Country	Zip	ip Count			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent				7. Name a	nd Addı	ess of New	Registered	Agent	
CANTOD	CAMUEL			Name							
CANTOR, SAMUEL J 2499 GLADES RD STE 210				Street Address (P.O. Box Number is Not Acceptable)							
BUCA HAT	FON, FL 33431										
			City FL Zip Code								
8. The above the obligati	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ed office or	register	ed agent, or I	both, in t	the State of F	Torida, Lam	familiar with,	and accept
SIGNATURE_				<u>.</u> .							
	Signature, typed or printed name of registered agent	and title it applicable. (NOT	E: Registere	d Agent signati	ure required	when reinstaling)			DATE		
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			icing		00 May Be ed to Fees						
10.	OFFICERS AND	DIRECTORS	11.		-	ADDITION	IS/CHAI	NGES TO OF	FICERS AND	D DIRECTORS	S IN 11
TITLE	D	XIX Delete	TITLE					•		Change	Addition
NAME	CANTOR, SAMUEL J				2499 Glades Rd, Ste. 210						`
STREET ADDRESS	6700 BROKEN SOUND PARKW	AY NW, 200	STRE	et adoress	44	7 1 61		$r \sim r \sim r$			ا ا
CITY - ST-ZIP	BOCA RATON, FL 33487		CITY	-ST-ZIP	150	ca 1º	Kat	on. F	1 3	D931	
TITLE	PDS	☐ Defele	TITLE							☐ Change	Addition
NAME	OCAMPO, RAUL		NAM	Ε							_
STREET ADDRESS		417 SW CALIFORNIA AVE. STRI									İ
CITY+ST-ZIP	STUART, FL 34994		CITY	-SI-ZIP							
TITLE		☐ Delete	TITLE							☐ Change	Addition
NAME			NAM								į
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			CITY	·ST·ZIP							
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STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP]						
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NAME		_ 50.00	NAM							110.190	
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CLTY	-ST-ZIP							
12. I hereby o	certify that the information supplied with	this filing does not qualify for	or the exe	emptions o	ontained	I in Chapter 1	119, Flor	ida Statutes	I further cer	rtify that the in	nformation
indicated of the cori	on this report or supplemental report is poration or the receiver or trustee emp	strue and accurate and that in owered to execute this eport	my signa: Las requi	lure shall h red by Cha	ave the spiter 607	same legal et 7. Florida Stat	llect as it	l made unde d that my na	r oath; that I	am an officer	or director
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 flighter like empowered.											