## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Sep 13, 2004 8:00 am Secretary of State **DOCUMENT # P98000087031** 09-13-2004 90001 002 \*\*\*158.75 CONSTRUCTION SOLUTIONS UNLIMITED, INC. Mailing Address Principal Place of Business 140 SE 3RD ST 140 SE 3RD ST 54072572 DEERFIELD BEACH, FL: 33441 SUITE B DEERFIELD BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09092004 CR2E034 (10/03) City & State City & State 4. FELNumber Applied For 65-0875511 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAMPAWA, MATTHEW CAMPANA, MATTHEW~ 7542 SAN SEBASTIAN BOCA RATON, FL. 33433 City DEERFIELD BEACH 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 pame of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. 11. D TITLE Channe Addition 7:DE Delete NAME CAMPANA, MATTHEW V MAME STREET ADDRESS 7542 SAN SEBASTIAN DRIVE STREET ADDRESS City-St-7iP BOCA RATON, FL 33433 City-St-769 ☐ Delete ☐ Change Addition TITLE TITLE CAMPANA, MATTHEW V NAME NAME 480 JEFFERSON DRIVE, APT. 306 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Deleie Change Addition THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

**FILED**