


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90019 016 \*\*\*150.00

<b>DOCUMENT # V57441</b> 1. Entity Name <b>CDC BUILDERS, INC.</b>					
Principal Place of Business <b>104 CRANDON BOULEVARD STE 300 KEY BISCAVNE, FL 33114 US</b>			Mailing Address <b>104 CRANDON BOULEVARD STE 300 KEY BISCAVNE, FL 33114 US</b>		
2. Principal Place of Business <b>5805 Blue Lagoon DR</b> Suite, Apt. #, etc. <b>Suite 480</b> City & State <b>Miami, FL</b> Zip <b>33126</b>			3. Mailing Address <b>5805 Blue Lagoon DR.</b> Suite, Apt. #, etc. <b>Suite 480</b> City & State <b>Miami, FL</b> Zip <b>33126</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>65-0347872</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>ORTEGA, JOSE 104 CRANDON BOULEVARD STE 300 KEY BISCAVNE, FL 33149</b>			7. Name and Address of New Registered Agent Name <b>ORTEGA, JOSE</b> Street Address (P.O. Box Number is Not Acceptable) <b>5805 Blue Lagoon Drive</b> <b>Suite 480</b> City <b>Miami</b>		
State <b>FL</b>			Zip Code <b>33126</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOT</b> <b>ORTEGA, JOSE</b> <b>104 CRANDON BLVD. #300</b> <b>KEY BISCAVNE, FL 33149</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CEOT</b> <b>ORTEGA, JOSE</b> <b>5805 Blue Lagoon Drive, Suite 480</b> <b>Miami, FL 33126</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PS</b> <b>ORTEGA, MICHAEL</b> <b>104 CRANDON BLVD. #300</b> <b>KEY BISCAVNE, FL 33149</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PS</b> <b>ORTEGA, MICHAEL</b> <b>5805 Blue Lagoon Drive, Suite 480</b> <b>Miami, FL 33126</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					