

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

03-29-2005 90015 0171\*\*\*61.292

OFFICE OF THE  
CLERK OF THE SUPREME COURT  
TALLAHASSEE, FLORIDA

40021001



<b>DOCUMENT # 767440</b>					
1. Entity Name <b>CVE MASTER MANAGEMENT COMPANY, INC.</b>					
Principal Place of Business <b>3501 WEST DRIVE DEERFIELD BCH, FL 33442-2085 US</b>			Mailing Address <b>3501 WEST DRIVE DEERFIELD BCH, FL 33442-2085 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01262005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-2288465</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TRINCHITELLA, AMADEO 3501 WEST DRIVE DEERFIELD BEACH, FL 33442</b>			<b>Donald Kaplan</b> Street Address (P.O. Box Number is Not Acceptable) <b>3501 WEST DRIVE DEERFIELD BEACH, FL 33442</b> City <b>FL 33442</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 <i>Donald Kaplan</i>		DATE		NOTE: Registered Agent signature required when reinstating	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fee	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRINCHITELLA, AMADEO RICHMOND F #155 DEERFIELD BCH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	<b>Donald Kaplan</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3501 West Drive Deerfield Beach, FL 33442</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALAV, JOSEPH 4134 CAMBRIDGE F DEERFIELD BCH, FL 33442	<input type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	<b>John Caliendo</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3501 West Drive Deerfield Beach, FL 33442</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAKOWITZ, ELLY 3501 WEST DR. DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	<b>Dorothy Caplan</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3501 West Drive Deerfield Beach, FL 33442</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD- SILVERMAN, MARTY 269 FARNHAM L DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EIG, STANLEY 1037 LYNHURST J DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 617, 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: <i>Donald Kaplan</i>		Date: <b>3/23/05</b>		Daytime Phone #: <b>(954) 421-5566</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					