


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90185 039 \*\*\*\*61.25

<b>DOCUMENT # 767440</b>					
1. Entity Name CVE MASTER MANAGEMENT COMPANY, INC.					
Principal Place of Business 3501 WEST DRIVE DEERFIELD BCH, FL 33442-2085 US			Mailing Address 3501 WEST DRIVE DEERFIELD BCH, FL 33442-2085 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2288465</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KAPLAN, DONALD K 3501 WEST DRIVE DEERFIELD BEACH, FL 33442				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, DONALD		NAME	Jules Kesselman	
STREET ADDRESS	3501 WEST DRIVE		STREET ADDRESS	2106 Oakridge V	
CITY-ST-ZIP	DEERFIELD BCH, FL 33442		CITY-ST-ZIP	D.B. FL 33442	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALAV, JOSEPH		NAME	DOROTHY CAPLAN	
STREET ADDRESS	4134 CAMBRIDGE "F"		STREET ADDRESS	3055 HARWOOD E	
CITY-ST-ZIP	DEERFIELD BCH, FL 33442		CITY-ST-ZIP	D.B. FL 33442	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAKOWITZ, ELLY		NAME	DONNA CAPOBIANCO	
STREET ADDRESS	3501 WEST DR.		STREET ADDRESS	4109 Oakridge V.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	D.B. FL 33442	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	U.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALIENDO, JOHN		NAME	Stanley Eig	
STREET ADDRESS	3501 WEST DRIVE		STREET ADDRESS	1037 LYNCHURST J	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	D.B. FL 33442	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPLAN, DOROTHY		NAME		
STREET ADDRESS	3501 WEST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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: <u>Donald Kaplan</u>			Date: <u>2/27/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		