

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767440

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: CVE MASTER MANAGEMENT COMPANY, INC.

**Current Principal Place of Business:**

3501 WEST DRIVE  
DEERFIELD BCH, FL 334422085 US

**New Principal Place of Business:**

**Current Mailing Address:**

3501 WEST DRIVE  
DEERFIELD BCH, FL 334422085 US

**New Mailing Address:**

FEI Number: 59-2288465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUE MASTER MANAGEMENT  
3501 WEST DRIVE SUITE A  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAPOBIANCO, DONNA  
Address: 4109 OAKRIDGE V  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VPD ( ) Delete  
Name: SOMERSET, IRA  
Address: 354 RICHMOND F  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SD ( ) Delete  
Name: KOSER, SUSAN  
Address: 309 MARKHAM N  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: TD ( ) Delete  
Name: MORSE, WILLIAM  
Address: 4012 UPMINISTER J  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA CAPOBIANCO

PD

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date