


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000001265</b> 1. Entity Name CPE ASSOCIATES, INC.	
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Principal Place of Business 202 SUNRISE DRIVE, SUITE A KEY BISCAIYNE, FL 33149	Mailing Address 202 SUNRISE DRIVE, SUITE A KEY BISCAIYNE, FL 33149
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**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0794621	Applied For 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**

LITWER, BRUCE ESQ.  
 5500 NW 69TH AVE.  
 LAUDERHILL, FL 33319

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT CARDOZO, RICHARD 202 SUNRISE DRIVE, SUITE A KEY BISCAIYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVS CARDOZO, ARLENE 202 SUNRISE DRIVE, SUITE A KEY BISCAIYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDOZO-PFEIFFER, REBECCA 202 SUNRISE DRIVE, SUITE A KEY BISCAIYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/06/05-80007-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Richard N. Cardozo RICHARD N. CARDOZO 3 JAN 05 305-361-6382  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #