

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001265

Entity Name: CPE ASSOCIATES, INC.

FILED  
Jan 05, 2012  
Secretary of State

**Current Principal Place of Business:**

202 SUNRISE DRIVE, SUITE A  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

202 SUNRISE DRIVE, SUITE A  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 55-0794621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LITWER, BRUCE ESQ.  
5500 NW 69TH AVE.  
LAUDERHILL, FL 33319 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: CPT  
Name: CARDOZO, RICHARD  
Address: 202 SUNRISE DRIVE, SUITE A  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VCVS  
Name: CARDOZO, ARLENE  
Address: 202 SUNRISE DRIVE, SUITE A  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D  
Name: CARDOZO-PFEIFFER, REBECCA  
Address: 202 SUNRISE DRIVE, SUITE A  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD N. CARDOZO

CHMN

01/05/2012

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

\_\_\_\_\_ Date