
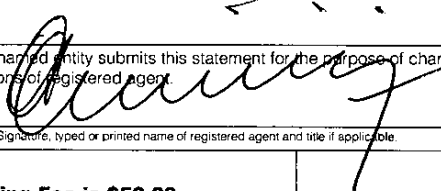
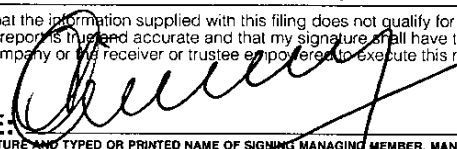


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90383 044 \*\*\*\*55.00

DOCUMENT # L03000044186			
1. Entity Name CN GROUP FINANCIAL SERVICES LLC			
Principal Place of Business 4770 BISCAYNE BLVD. STE. 60/70 MIAMI, FL 33137		Mailing Address 4770 BISCAYNE BLVD. STE. 60/70 MIAMI, FL 33137	
2. Principal Place of Business 2500 NE HALLANDALE Beach Blvd.		3. Mailing Address 2500 NE HALLANDALE Beach Blvd.	
Suite, Apt. #, etc. 501A		Suite, Apt. #, etc. 501A	
City & State HALLANDALE FL		City & State HALLANDALE FLORIDA	
Zip 33009		Zip 33009	
Country		Country	
03132005		Chg-LLC	
CR2E083 (10/03)		4. FEI Number 43-2035363	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CUTRINI, DANIEL 4770 BISCAYNE BLVD. STE. 60/70 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 2500 NE HALLANDALE Beach Blvd. Suite 501A City HALLANDALE FL Zip Code 33009	
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 		DATE 3/13/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete	NAME CUTRINI, DANIEL H	TITLE ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 2500 NE HALLANDALE Bch. Blvd. Ste 501A
STREET ADDRESS 4770 BISCAYNE BLVD SUITE 60 -70	CITY-ST-ZIP MIAMI, FL 33137	STREET ADDRESS 2500 NE HALLANDALE Bch. Blvd. Ste 501A	CITY-ST-ZIP HALLANDALE FL 33009
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME EFRAIN BETANCOURT Ste 501A
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 2500 NE HALLANDALE Bch Blvd Ste 501A	CITY-ST-ZIP HALLANDALE FL 33009
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE 		DATE 03-16-05 954-454-9014	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	