


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90358 024 ***150.00

DOCUMENT # P0000091219

1. Entity Name
C & M OF PALM BEACH, INC.



Principal Place of Business
**3601 S DIXIE HWY
 WEST PALM BEACH, FL 33405**

Mailing Address
**% I HERNANDEZ
 1150 NW 72 AV 555 X
 MIAMI, FL 33126**

50041124



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
3601 S DIXIE HWY
 Suite, Apt. #, etc.
WEST Palm Beach, FL 33405
 City & State
 Zip Country

03302005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1043153

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ZARETSKY, RICHARD P
 1656 PALM BEACH LAKES BLVD.
 SUITE 900
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent
 Name **MELENDEZ, MICHAEL**
 Street Address (P.O. Box Number is Not Acceptable)
2210 AMESBURY CT
 City **WELLINGTON, FL 33414** FL Zip Code **33414**

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 *Michael Melendez* DATE **4/15/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MELENDEZ, MICHAEL 2210 AMESBURY CT WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RODRIGUEZ, DISMERY 2210 AMESBURY CT WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 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: *Michael Melendez* **MICHAEL MELENDEZ** DATE **4/15/05** (561) 835-3939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #