

FILED
Jun 01, 2004 8:00 am
Secretary of State


5/2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-03-2004 90736 026 ***150.00

DOCUMENT # P01000036639

1. Entity Name
CD BUDGET, INC.



Principal Place of Business
**8308 NW S RIVER DRIVE
 MEDLEY, FL 33166**

Mailing Address
**8308 NW S RIVER DRIVE
 MEDLEY, FL 33166**

66425100



2. Principal Place of Business
2342 W 80TH ST
 Suite, Apt. #, etc. **5**

3. Mailing Address
2342 W 80TH ST
 Suite, Apt. #, etc. **5**

04282004 Chg-P CR2E034 (10/03)

City & State
HI ALEAH FL

City & State
HI ALEAH FL

Zip
33016

Country
USA

Zip
33016

Country
USA

4. FEI Number
65-1094565

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MULE, RITA N.
8308 NW S RIVER DRIVE
MEDLEY, FL 33166

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2342 W 80TH ST #5

City **HI ALEAH** FL Zip Code **33016**

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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DP MULE, RITA N 8308 NW S RIVER DRIVE MEDLEY, FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV NAVA, MARIA A 8308 NW S RIVER DRIVE MEDLEY, FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	2342 W 80 ST # 5 Hialeah FL 33016 DP MULE RITA N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV NAVA, MARIA A. 2342 W 80 ST # 5 HIALEAH FL 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officer 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 charged, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/26/04

DATE DAYTIME PHONE #