2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT# P02000133676

1. EntityName
C&S/ACTIONSALES,INC.

PrincipalPlaceofBusiness	MailingAddress
8570NW68THSTREET MIAMI,FL33166-2665	8570NW68THSTREET MIAMI,FL33166-2665

DO NOT WRITE IN THIS SPACE

04112004 NoChg-P CR2E034(10/03)

4. FEINumber
56-2323274
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

LIEBERMAN,STEVEN
11400NORTHKENDALLDRIVE
SUITE106
MIAMI,FL33176

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PD
NAME	CLEVELAND,JAMES
STREETADDRESS	8570NW68THSTREET
CITY-ST-ZIP	MIAMI,FL331662665
TITLE	VD
NAME	CLEVELAND,GEORGE
STREETADDRESS	8570NW68THSTREET
CITY-ST-ZIP	MIAMI,FL331662665
TITLE	VD
NAME	MCCLARNON,TIMOTHY
STREETADDRESS	8570NW68THSTREET
CITY-ST-ZIP	MIAMI,FL331662665
TITLE	STD
NAME	NELSON,EDWARD
STREETADDRESS	8570NW68THSTREET
CITY-ST-ZIP	MIAMI,FL331662665
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000155779
05/05/04-80051-009 150.00

DO NOT WRITE IN THIS SPACE

12. Ihereby 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: E. F. Nelson EF Nelson 4-26-04 3055927340
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#