

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT# P02000133676	
1. Entity Name C&S/ACTIONS SALES, INC.	

Principal Place of Business 8570NW68TH STREET MIAMI, FL 33166-2665	Mailing Address 8570NW68TH STREET MIAMI, FL 33166-2665
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DO NOT WRITE IN THIS SPACE



04232005 NoChg-P CR2E034(10/03)

4. FEI Number 56-2323274	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIEBERMAN, STEVEN 11400 NORTH KENDALL DRIVE SUITE 106 MIAMI, FL 33176

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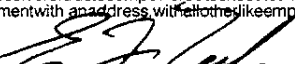
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	DATE _____ (NOTE: Registered Agent's signature is required when re-instating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CLEVELAND, JAMES 8570NW68TH STREET MIAMI, FL 331662665
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CLEVELAND, GEORGE 8570NW68TH STREET MIAMI, FL 331662665
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCCLARNON, TIMOTHY 8570NW68TH STREET MIAMI, FL 331662665
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NELSON, EDWARD 8570NW68TH STREET MIAMI, FL 331662665
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/03/05-80061-013 150.00

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. If 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 there is a power of attorney executed to execute this report as required by Chapter 607, Florida Statutes; and changed, or on an attachment with an address, with the other like empowered.	
SIGNATURE:  EDWARD NELSON	4-1505 3055927340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone