# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# P02000133676

1. EntityName
C&S/ACTIONSALES,INC.

| PrincipalPlaceofBusiness | MailingAddress |
|---|---|
| 8570NW68THSTREET<br>MIAMI,FL33166-2665 | 8570NW68THSTREET<br>MIAMI,FL33166-2665 |

04232005 NoChg-P CR2E034(10/03)

**DO NOT WRITE IN THIS SPACE**

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, 2005 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 | |

U00000353297
05/03/05-80061-013 150.00

**DO NOT WRITE IN THIS SPACE**

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherslikeempowered.

**SIGNATURE:** _____ EDWARD NELSON 4-15-05 3055927340
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#