

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

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

Principal Place of Business 8570 NW 68TH STREET MIAMI, FL 33166-2665	Mailing Address 8570 NW 68TH STREET MIAMI, FL 33166-2665
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04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2323274	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIEBERMAN, STEVEN 11400 NORTH KENDALL DRIVE SUITE 106 MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

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 registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD CLEVELAND, JAMES 8570 NW 68TH STREET MIAMI, FL 331662665
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEVELAND, GEORGE 8570 NW 68TH STREET MIAMI, FL 331662665
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLARNON, TIMOTHY 8570 NW 68TH STREET MIAMI, FL 331662665
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NELSON, EDWARD 8570 NW 68TH STREET MIAMI, FL 331662665
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/18/06-80029-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. J. Cook 4/27/06 305-592-7346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #