2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90303 024 ***150.00

DOCUMENT # P03000030701

1. Entity Name
C P GLOBAL, INC.

Principal Place of Business	Mailing Address
18306 N.W. 68TH AVENUE APT. H MIAMI, FL 33015	18306 N.W. 68TH AVENUE APT. H MIAMI, FL 33015

04092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6995 NW 173RD DR	6995 NW 173RD DR
Suite, Apt. #, etc.: # 2105	Suite, Apt. #, etc.: # 2105
City & State: HIALEAH, FL	City & State: HIALEAH, FL
Zip: 33015 Country: USA	Zip: 33015 Country: USA

4. FEI Number 45-0508431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOTS, TROY A
18306 N.W. 68TH AVENUE
APT. H
MIAMI, FL 33015

7. Name and Address of New Registered Agent

Name: SAME — TROY COOTS
Street Address (P.O. Box Number is Not Acceptable): 6995 NW 173RD DR #2105
City: HIALEAH FL Zip Code 33015

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	PRESIDENT (P)	☒ Change ☐ Addition
NAME	COOTS, TROY A		NAME	COOTS, TROY A	
STREET ADDRESS	18306 N.W. 68TH AVENUE APT. H		STREET ADDRESS	6995 NW 173RD DR #2105	
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE		☐ Delete	TITLE	VICE-PRESIDENT (V)	☐ Change ☒ Addition
NAME			NAME	EVELYN PERALTA	
STREET ADDRESS			STREET ADDRESS	6995 NW 173RD DR #2105	
CITY-ST-ZIP			CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby 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: T A C 4/14/04 786 223-2595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #