


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000125609 1. Entity Name C & P OF MIAMI, INC.	
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FILED
07 SEP 26 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-22-07 90065630 \$150.00



04272007 No Chg-P CR2E034 (11/05)

Principal Place of Business 18200 NW 27TH AVE. #168 MIAMI, FL 33056	Mailing Address 18200 NW 27TH AVE. #168 MIAMI, FL 33056
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DO NOT WRITE IN THIS SPACE


4. FEI Number 33-1074727	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PARK, EUN HA
16200 SOUTH POST RD. # 204
WESTON, FL 33331

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:  _____ DATE: _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PARK, MAN HO
STREET ADDRESS	16200 SOUTH POST RD. #204
CITY-ST-ZIP	WESTON, FL 33331
TITLE	SD
NAME	PARK, EUN HA
STREET ADDRESS	16200 SOUTH POST RD. #204
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

10/9/08

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:  _____ DATE: _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 24, 2007

Division of Corp.
Annual Report Section
P.O. BOX 6327
Tallahassee, FL 32314

RE: Doc #P03000125609
C & P of Miami, Inc. 2007

Dear Sir,

We filed our report on time, however, the signatures were missing. We found out on 9/24/07. Also we never received any rejection letter from the state. Therefore, please waive the reinstate fee of \$600.00..

We would be appreciated in this matter.

Sincerely,



Man H. Park
President
C & P of Miami, Inc.

Note: New mailing address should be;
16200 S. post Rd # 204
Weston, FL 33331

thanks.