


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90238 049 \*\*\*150.00

**DOCUMENT # P06000091217**

1. Entity Name  
**CSMF ENTERPRISES, INC.**



Principal Place of Business  
**105 CONCORD DRIVE, SUITE 105  
 CASSELBERRY, FL 32707**


Mailing Address  
**105 CONCORD DRIVE, SUITE 105  
 CASSELBERRY, FL 32707**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

1000000



04302008 Chg-P CR2E034 (12/06)

4. FEI Number  
**51-0587130**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ANTHONY, CORETTA S  
 EIFFERT & ANTHONY, P.A.  
 122 E COLONIAL DRIVE, SUITE 210  
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2008 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	
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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:** *Angela Shapiro* **4/30/08** **407-409-5550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #