

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000073815
 1. Entity Name
 CMS REAL ESTATE, INC.



Principal Place of Business: 1002 E NEWPORT CENTER DR, SUITE 100, DEERFIELD BEACH, FL 33442 US
 Mailing Address: 1002 E NEWPORT CENTER DR, SUITE 100, DEERFIELD BEACH, FL 33442 US

DO NOT WRITE IN THIS SPACE

01172005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 65-0523935 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ELLMAN, ED
 1002 E NEWPORT CTR DR
 SUITE 100
 DEERFIELD BEACH, FL 33442

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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, 2005 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	P ELLMAN, EDWARD 1002 E. NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442
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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: Ed Ellman 4/18/05 954-978-800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #