

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000058413

1. Entity Name  
COMPLETE CONFERENCE MANAGEMENT, INC.



Principal Place of Business  
11440 N KENDALL DR  
SUITE 306  
MIAMI, FL 33176 US

Mailing Address  
11440 N KENDALL DR  
SUITE 306  
MIAMI, FL 33176 US

**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0768718 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, HAROLD L  
HABER, LEWIS & PATHMAN, LLP  
2 SOUTH BISCAYNE BLVD SUITE 3660  
MIAMI, FL 33131

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**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

TITLE	P
NAME	HOLTZMAN, SUSAN O
STREET ADDRESS	14700 SW 87 COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	KATZEN, BARRY T M.D.
STREET ADDRESS	5925 S W 107TH STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	BECKER, GARY J M.D.
STREET ADDRESS	5925 S W 107TH STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	BENENATI, JAMES F M.D.
STREET ADDRESS	7400 S W 47TH COURT
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	ZEMEL, GERALD M.D.
STREET ADDRESS	6225 S W 98TH STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000009504  
01/21/04-80014-016 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #