2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 15, 2007 08:00 AN Secretary of State DOCUMENT # S81606 1. Entity Name C.P.I. MANUFACTURING CO., INC. Principal Placo of Business Mailing Address 5945 RAVENSWOOD RD 5945 RAVENSWOOD RD BLDG 2 BLDG 2 FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0299259 Not Applicable Zip Country Country Zıo \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENBASAT, STEVE Street Address (P.O. Box Number is Not Acceptable) 5945 RAVENSWOOD RD. FORT LAUDERDALE FL 33312 City Zip Code 8. The above named exity 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 r distered agent. BENBASAT SIGNATURE Squature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstation) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ШІ Change Addition ☐ Delete BENBASAT, STEVEN NAME NAMI 5945 RAVENSWOOD RD. SUITE #2 U0000063687S STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL. 02/26/07-80038-009 150.00 CITY - S1 - /IP CHY-S1-7JP ■ Addition TITLE ☐ Delete ☐ Change WANTMAN, GREG 5945 RAVENSWOOD RD, SUITE #2 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CiTY - ST-ZIE CITY-ST-ZIP 11111 ☐ Delete шп Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP mu Addition Delete THE Change NAME NAME STRULT ADDRESS STREET ADDRESS CHY-ST-7IP CITY-S1-ZIP MILE ☐ Delete TITLE. ☐ Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP 12. I hereby certify that the information surplied with this filing does not qualify for the exemptions contained in Section 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 dustoe 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.