

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90055 034 \*\*\*150.00

**DOCUMENT # P99000035542**

1. Entity Name

**CST MANAGEMENT CORP.**



Principal Place of Business

2077 N.E. 120TH RD.  
NORTH MIAMI FL 33181

Mailing Address

2077 N.E. 120TH RD.  
NORTH MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

616 North Island DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Golden Bch, FL

Zip

Country

Zip

B3160

Country

0A0E

4. FEI Number

65-0915106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARBIN, EVAN R  
48 E. FLAGLER ST. PH-104  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

SEAN GROSZMAN

Street Address (P.O. Box Number is Not Acceptable)

616 North Island DR

City

Golden Bch

FL

Zip Code

33160

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 reinstating)

DATE

2/4/04

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME GROSMAN, SEAN  
STREET ADDRESS 2077 N.E. 120TH RD.  
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
NAME SEAN GROSZMAN  
STREET ADDRESS 616 North Island dr  
CITY-ST-ZIP Golden Bch, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEAN GROSZMAN

Date

2/4/04

Daytime Phone #

954-724 5454