

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000026856

**Entity Name:** CORPORATE MANAGEMENT INC

**Current Principal Place of Business:**

8236 NW 30TH TERRACE  
DORAL, FL 33122

**Current Mailing Address:**

C/O JEANNE FUENTES LOPEZ  
PO BOX 431288  
MIAMI, FL 33243 US

**FEI Number:** 90-0655675

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FUENTES-LOPEZ, JEANNE  
8236 NW 30TH TERRACE  
DORAL, FL 33122 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DPS  
Name           FUENTES-LOPEZ, JEANNE  
Address       8236 NW 30TH TERRACE  
City-State-Zip: DORAL FL 33122

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FUENTES-LOPEZ, JEANNE

**PRESIDENT**

**04/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date