## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 622531** 

Entity Name: C.P.C. PROPERTIES, INC.

**Current Principal Place of Business:** 

FILED Apr 26, 2005 Secretary of State

2237 N. COMMERCE PARKWAY SUITE 3 WESTON, FL 33326	ONE EAST BROWARD BLVD. SUITE #1010 FORT LAUDERDALE, FL 33301
Current Mailing Address:	New Mailing Address:
2237 N. COMMERCE PARKWAY SUITE 3 WESTON, FL 33326	ONE EAST BROWARD BLVD. SUITE #1010 FORT LAUDERDALE, FL 33301
FEI Number: 59-2164681 FEI Number Applied For ( ) FEI Number	mber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
MANELLA, ROSS H ESQ 2237 N. COMMERCE PARKWAY STE 3 WESTON, FL 33326 US	MANELLA, ROSS H ESQ ONE EAST BROWARD BLVD. SUITE #1010 FORT LAUDERDALE, FL 33301 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: ROSS H. MANELLA ESQ.	04/26/2005
Electronic Signature of Registered Agent	Date

**New Principal Place of Business:** 

AFFIAFRA AND DIDEATARA

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ()Delete Title: ()Change ()Addition
Name: BELL, PHIL Name:

Address: 400 DE MAINSONNEUVE BLVD W., SUITE 1202 Address: City-St-Zip: MONTREAL, QUEBEC CANADA, H3A1L4 City-St-Zip:

Title: VPST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 THOMAS, NACOS
 Name:

 Address:
 400 DE MAINSONNEUVE BLVD W., SUITE 1202
 Address:

 City-St-Zip:
 MONTREAL, QUEBEC CANADA, H3A1L4
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PHIL BELL PD 04/26/2005