


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 14, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # 827176</b> 1. Entity Name C P L INVESTMENTS, INC.		
Principal Place of Business 7600 N KENDALL DR MIAMI, FL 33156 US	Mailing Address 11101 S. CROWN WAY SUITE 1 WEST PALM BEACH, FL 33414 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LEEMON, CHARLES L III 11101 S. CROWN WAY SUITE 1 WELLINGTON, FL 33414		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reissuing)</small>
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEEMON, LINDA 15850 BRITTEN LANE WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEMON, C. L. III 15850 BRITTEN LANE WELLINGTON, FL 33414	
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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 if changed, or on an attachment with an address, with all other like empowered.		
<b>SIGNATURE:</b> <i>Linda L Leemon</i> <b>Linda L. Leemon, Sec.</b> <i>2/11/05</i> <i>561-753-9999</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-2710634	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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02/14/05-80077-019 150.00