


FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90013 001 *1,350.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F64170							
1. Entity Name C.M.Z. ENTERPRISES, INC.							
Principal Place of Business 2300 N STATE RD 7 HOLLYWOOD, FL 33021			Mailing Address 2300 N STATE RD 7 HOLLYWOOD, FL 33021				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 59-2359573				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ALTOMARE, ROBERT G 2300 N STATE RD 7 HOLLYWOOD, FL 33021			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZINN, CRAIG M		NAME				
STREET ADDRESS	1841 N. STATE RD. 7		STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SHALOO, JONI NOVAK		NAME	PARKE, PATRICIA A.			
STREET ADDRESS	1841 N. STATE RD. 7		STREET ADDRESS	2300 N. STATE ROAD 7			
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP	HOLLYWOOD, FL 33021			
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STAMPONE, TONY		NAME				
STREET ADDRESS	1841 N. STATE RD. 7		STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <u>Patricia A Parke</u>		Date: <u>1/10/2005</u>		Daytime Phone #: <u>954 967-4109</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

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01052005 Chg-P CR2E034 (10/03)