2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000004137

1. Entity Name

CP1 REAL ESTATE SERVICES INC.



W.

FILED

07 MAY -9 PM 3-13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

745 7TH AVE NEW YORK, NY 10019 Mailing Address

70 HUDSON STREET JERSEY CITY, NJ 07302

US



04172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 13-3068879 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE; Registered	Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	scing S5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		<u> </u>
TITLE NAME STREET ADDRESS CITY-\$1-ZIP	V ANDRIOIA, ROCCO F 745 7TH AVE NEW YORK, NY 10019		6001030223 46 05/22/0701035001 **6900.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC O'BRIEN, BARRY J 70 HUDSON ST JERSEY CITY, NJ 07302			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARRE, JENNIFER 74 SEVENTH AVENUE NEW YORK, NY 10019		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOWITT, IAN T 745 7TH AVE NEWY YORK, NY 100019		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRIOLA, ROCCO F 745 7TH AVE NEW YORK, NY 10019			
TITLE NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry J. O' Brien

04/17/07

(201) 499-6899

Date

Daytime Phone #