

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003223

Entity Name: C F BROKERAGE, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

1980 POST OAK BLVD., #1600
HOUSTON, TX 77056

New Principal Place of Business:

Current Mailing Address:

1980 POST OAK BLVD., #1600
HOUSTON, TX 77056

New Mailing Address:

FEI Number: 76-0572549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATRINELY, DEAN
Address: 1980 POST OAK BLVD #1600
City-St-Zip: HOUSTON, TX 77056

Title: VD () Delete
Name: O'DONNELL, LEONARD J
Address: 7475 WISCONSIN AVE #1100
City-St-Zip: BETHESDA, MD 20814

Title: S () Delete
Name: NICHOLLS, MICHAEL E
Address: 1980 POST OAK BLVD #1600
City-St-Zip: HOUSTON, TX 77056

Title: S () Delete
Name: DUKE, OWEN E
Address: 7401 WISCONSIN AVENUE 4TH FL
City-St-Zip: BETHESDA, MD 20814

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: PFILE, LEROY E JR.
Address: 1980 POST OAK BOULEVARD, SUITE 1600
City-St-Zip: HOUSTON, TX 77056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEROY E. PFILE

T

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date