


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90255 033 \*\*\*150.00

<b>DOCUMENT # J88287</b> 1. Entity Name <b>CENMARK REALTY SERVICES, INC.</b>	
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Principal Place of Business <b>8360 W OAKLAND PARK BLVD STE 316 SUNRISE FL 33351</b>	Mailing Address <b>8360 W OAKLAND PARK BLVD STE 316 SUNRISE FL 33351</b>
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2. Principal Place of Business <b>108 SE 8<sup>TH</sup> AVENUE</b> Suite, Apt. #, etc. <b>STE. 114</b> City & State <b>FORT LAUDERDALE, FL</b> Zip <b>33301-2023</b> Country <b>U.S.A.</b>	3. Mailing Address <b>108 SE 8<sup>TH</sup> AVENUE</b> Suite, Apt. #, etc. <b>STE 114</b> City & State <b>FORT LAUDERDALE, FL</b> Zip <b>33301-2023</b> Country <b>U.S.A.</b>
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1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-2837925</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WINFIELD, MARIANNE 8360 W OAKLAND PARK BLVD STE 300 SUNRISE FL 33351</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>108 SE 8<sup>TH</sup> AVENUE, STE 114</b> City <b>FORT LAUDERDALE</b> FL Zip Code <b>33301</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 Marianne Winfield **MARIANNE WINFIELD** 4/27/06  
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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WINFIELD, MARIANNE 8360 W OAKLAND PARK BLVD STE 316 FORT LAUDERDALE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RYCZEK, ROBERT L. 8360 W OAKLAND PARK BLVD STE 316 SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert L Ryzek **ROBERT L RYZEK V. PRES.** 4/27/06 954 423 2117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #