

FILED

May 08, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K40642			
1. Entity Name CP PARTNERS CORPORATION			
Principal Place of Business 3811 NW 92ND AVENUE HOLLYWOOD, FL 33024		Mailing Address 3811 NW 92ND AVENUE HOLLYWOOD, FL 33024	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 65-0079436	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PUNTES, CHRISTOPHER C 3811 NW 92 AVE. HOLLYWOOD, FL 33024		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Numbers 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 _____ Signature: Typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	P PUNTES, CHRISTOPHER C 3811 NW 92 AVE. HOLLYWOOD, FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 190, Florida Statutes. I further certify that the information indicated on this report or supplementary 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 this 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ (Optional) Phone #	