
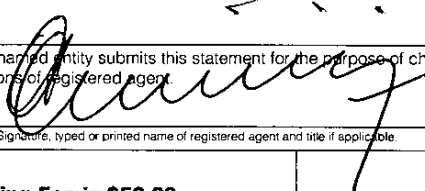
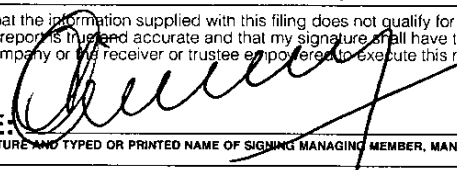


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90383 044 ****55.00

DOCUMENT # L03000044186 1. Entity Name CN GROUP FINANCIAL SERVICES LLC			
Principal Place of Business 4770 BISCAYNE BLVD. STE. 60/70 MIAMI, FL 33137		Mailing Address 4770 BISCAYNE BLVD. STE. 60/70 MIAMI, FL 33137	
2. Principal Place of Business 2500 NE HALLANDALE Beach Blvd.		3. Mailing Address 2500 NE HALLANDALE Beach Blvd.	
Suite, Apt. #, etc. 501A		Suite, Apt. #, etc. 501A	
City & State HALLANDALE FL		City & State HALLANDALE FLORIDA	
Zip 33009		Zip 33009	
Country 		Country 	
4. FEI Number 43-2035363		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CUTRINI, DANIEL 4770 BISCAYNE BLVD. STE. 60/70 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 2500 NE HALLANDALE Beach Blvd. Suite 501A City HALLANDALE FL Zip Code 33009	
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 		DATE 3/13/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUTRINI, DANIEL H 4770 BISCAYNE BLVD SUITE 60-70 MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2500 NE HALLANDALE Bch. Blvd. HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EFRAIN BETANCOURT 2500 NE HALLANDALE Bch Blvd HALLANDALE FL 33009
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
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
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
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE 		DATE 03-16-05 DAYTIME PHONE # 954-454-9014	