


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L28317 1. Entity Name C.S.F.P., INC.	
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Principal Place of Business 450 7TH AVE SUITE 2806 NEWYORK, NY 10123 US	Mailing Address 450 7TH AVE SUITE 2806 NEW YORK, NY 10123 US
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DO NOT WRITE IN THIS SPACE



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0159629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLDSTEIN SCHECHTER PRICE ET AL 2121 PONCE DE LEON BLVD. SUITE 1100 CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DINHOFFER, FRANCES 17 OTSEGO PL JERICHO, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WACHTEL, PHYLLIS 500 S OCEAN BLVD #1708 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KERNISS, SHIRLEY 8120 NUTMEG WAY TAMARAC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DINHOFFER, MARTIN 17 OTSEGO PL. JERICHO, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/29/04-80024-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  MARTIN DINHOFFER	Date _____	Daytime Phone # 212-244-6176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		