


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M61687 1. Entity Name C & N EXPORT MANAGEMENT CO.	
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Principal Place of Business 201 SECOND ST PERTH AMBOY, NJ 08861 US	Mailing Address PO BOX 549 PERTH AMBOY, NJ 08861 US
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4. FEI Number 65-0010547	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 00000000 0000 000000
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6. Name and Address of Current Registered Agent STINSON, LOUIS JR., ESQ. 4675 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES, FL 33146
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 000000 0000000000
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORWITZ, SAUL 201 SECOND ST. PERTH AMBOY, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORWITZ, ALAN S. 201 SECOND ST. PERTH AMBOY, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORWITZ, DAVID 201 SECOND ST PERTH AMBOY, NJ
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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: <i>Saul Horwitz</i> SAUL HORWITZ, DIRECTOR JAN. 17, 2005 732-826-7400	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		