


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000061358 1. Entity Name CPF MANAGEMENT, INC.	
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Principal Place of Business C/O CHINA GRILL 404 WASHINGTON AVE MIAMI BEACH, FL 33139	Mailing Address C/O CHINA GRILL 404 WASHINGTON AVE MIAMI BEACH, FL 33139
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01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1025072	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

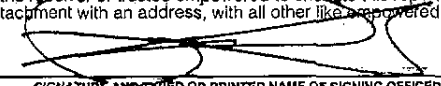
6. Name and Address of Current Registered Agent CHODOROW, JEFFREY C/O CHINA GRILL 404 WASHINGTON AVE MIAMI BEACH, FL 33139	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

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 May Be Added to Fees	1100000185886 01/21/05-80075-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHODOROW, JEFFREY 19925 N.W. 39TH PLAE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHODOROW, LINDA 19925 NE 39 PLACE PH 701 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLSENBOEG, JACK 4 GARTLEY DRIVE NEWTOWN SQUARE, PA 19073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGGEN, NEIL 1248 GULPH CREEK DRIVE RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 1-17-05 Daytime Phone #: 305 957 0800

JACK POLSENBOEG, VICE PRESIDENT