

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000072006

1. Entity Name
CMA DEVELOPMENT, INC.



Principal Place of Business
3701 FAU BOULEVARD, SUITE 205
307
BOCA RATON, FL 33431

Mailing Address
3701 FAU BOULEVARD, SUITE 205
307
BOCA RATON, FL 33431

FILED
Mar 21, 2005 08:00 AM
Secretary of State

FEB 10 2005

OK 1306
\$150.00



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1591144

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEAD, THOMAS S
3701 FAU BOULEVARD, SUITE 205
BOCA RATON, FL 33431

**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 _____

Signature, by you or previous name or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HEAD, THOMAS S
STREET ADDRESS 3701 FAU BOULEVARD, SUITE 205
CITY-ST-ZIP BOCA RATON, FL 33431

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03/21/05-80010-008 150.00

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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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #