2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081315

Entity Name: CPW & LL, INC.

FILED Apr 13, 2006 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

817 SOUTH UNIVERSITY DRIVE SUITE 101 817 SOUTH UNIVERSITY DRIVE PLANTATION, FL 33324

SUITE 100A

PLANTATION, FL 33324 US

Current Mailing Address: New Mailing Address:

817 SOUTH UNIVERSITY DRIVE SUITE 101 817 SOUTH UNIVERSITY DRIVE

SUITE 100A PLANTATION, FL 33324

PLANTATION, FL 33324 US

FEI Number: 65-1040783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SINGER, MICHAEL S ESQ 3801 PGA BOULEVARD SUITE 604

PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition POY-WING, CELINA MD POY-WING, CELINA MD Name: Name:

817 SOUTH UNIVERSITY DRIVE SUITE 101 817 SOUTH UNIVERSITY DRIVE SUITE 100A Address: Address:

City-St-Zip: PLANTATION, FL 33324 City-St-Zip: PLANTATION, FL 33324

Title: () Delete Title: (X) Change () Addition

Name: LARRAHONDO, LEONARDO Name: LARRAHONDO, LEONARDO

817 SOUTH UNIVERSITY DRIVE SUITE 101 Address: 817 SOUTH UNIVERSITY DRIVE SUITE 100A Address:

PLANTATION, FL 33324 PLANTATION, FL 33324 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: CELINA POYWING 04/13/2006