

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010865

Entity Name: C N L, INC.

FILED  
Apr 18, 2007  
Secretary of State

## Current Principal Place of Business:

8220 S. OBT  
ORLANDO, FL 32809

## New Principal Place of Business:

## Current Mailing Address:

2473 HAGOPLAN AVE SW  
PALM BAY, FL 32908

## New Mailing Address:

10831 SW 30TH PLACE  
DAVIE, FL 33328

FEI Number: 65-1080651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VITAKIS, KALLIOPE  
2473 HAGOPLAN AVE SW  
PALM BAY, FL 32908 US

## Name and Address of New Registered Agent:

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:

Title: D ( ) Delete  
Name: VITAKIS, KALLIOPE  
Address: 2473 HAGOPLAN AVE SW  
City-St-Zip: PALM BAY, FL 32908 47

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: VITAKIS, KALLIOPE  
Address: 2473 HAGOPLAN AVE SW  
City-St-Zip: PALM BAY, FL 32908 US

Title: D ( ) Change (X) Addition  
Name: HUSSAIN, SYED A  
Address: 5930 NE 18TH AVE APT. # 301  
City-St-Zip: FORT LAUDERDALE, FL 33334 US

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.

SIGNATURE: KALLIOPE VITAKIS

D

04/18/2007

Electronic Signature of Signing Officer or Director

Date