

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91523 045 ***150.00

DOCUMENT # P010000029197				1. Entity Name C & N REAL ESTATE CORP	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business INACTIVE			3. Mailing Address 1023 RUSSELL DRIVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State #3 HIGHLAND BEACH, FL		
Zip		Country		4. FEI Number 65-1089439	
33487		USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE					
7. Name and Address of Current Registered Agent					
Name AMERICAN INFORMATION SYSTEMS					
Street Address (P.O. Box Number is Not Acceptable) 350 E LAS OLSA BLVD, SUITE 1600					
City FT. LAUDERDALE					
FL Zip Code 33301					
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 _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHAREHOLDER NORBERT VATER 1023 RUSSELL DRIVE #3 HIGHLAND BEACH, FL 33487	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHAREHOLDER CHARLENE VATER 1023 RUSSELL DRIVE #3 HIGHLAND BEACH, FL 33487	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]		
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)(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 on an attachment with an address, with all other like empowered.					
SIGNATURE: CHARLENE VATER 4-25-03 859-525-2882					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

CR2E034B (12/02)