2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# P01000066457

Entity Name: CP CAPITAL SECURITIES, INC.

Current Principal Place of Business:

999 BRICKELL AVE
STE 600
MIAMI, FL 33131

New Principal Place of Business:

999 BRICKELL AVE
SUITE 600
MIAMI, FL 33131

Current Mailing Address:

999 BRICKELL AVE
STE 600
MIAMI, FL 33131

New Mailing Address:

999 BRICKELL AVE
SUITE 600
MIAMI, FL 33131

FEI Number: 75-1938035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNELL, HAROLD L
999 BRICKELL AVE. STE. 600
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SUEIRO, CYNTHIA
999 BRICKELL AVE.
SUITE. 600
MIAMI, FL 33131 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: CYNTHIA SUEIRO 04/07/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CONNELL, HAROLD L
Address: 999 BRICKELL AVE. STE. 600
City-St-Zip: MIAMI, FL 33131

Title: V ( ) Delete
Name: CONNELL, GREGORY J
Address: 999 BRICKELL AVE. STE. 600
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CONNELL, HAROLD L
Address: 999 BRICKELL AVE. SUITE. 600
City-St-Zip: MIAMI, FL 33131

Title: V (X) Change ( ) Addition
Name: CONNELL, GREGORY J
Address: 999 BRICKELL AVE. SUITE. 600
City-St-Zip: MIAMI, FL 33131

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: HAROLD CONNELL PD 04/07/2006
Electronic Signature of Signing Officer or Director Date