

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90005 044 ***150.00

DOCUMENT # P02000003401 1. Entity Name C & E PROPERTY INVESTMENTS, INC.			
Principal Place of Business 1320 S. DIXIE HWY., SUITE 280 CORAL GABLES, FL 33146		Mailing Address 1320 S. DIXIE HWY., SUITE 280 CORAL GABLES, FL 33146	
2. Principal Place of Business 11176 NW 73 Street		3. Mailing Address 2240 NW 87 Ave.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite MAR-1801	
City & State Miami, FL		City & State Miami, Florida	
Zip 33178		Zip 33172	
Country USA		Country USA	
4. FEI Number 71-0876119		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ DE VARONA, RAUL J 1320 S. DIXIE HWY., SUITE 280 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name EKMEIRO CARLOS Street Address (P.O. Box Numbers Not Acceptable) 11176 NW 73 Street City Miami FL 33178	
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  DATE 5/26/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EKMEIRO, CARLOS E 1320 S. DIXIE HWY., SUITE 280 CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S EKMEIRO CARLOS 11176 NW 73 STREET Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 5/26/05 Daytime Phone #	