


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90002 030 \*\*\*550.00

DOCUMENT # P02000006158			
1. Entity Name CMT ENTERPRISES, INC.			
Principal Place of Business 19835 NW 10TH STREET PEMBROKE PINES, FL 33029		Mailing Address 19835 NW 10TH STREET PEMBROKE PINES, FL 33029	
2. Principal Place of Business <i>Images Salon</i>		3. Mailing Address <i>4183 NW 88th Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Surprise</i>		City & State <i>Florida</i>	
Zip <i>33351</i>	Country <i>U.S.A</i>	Zip <i>33351</i>	Country <i>U.S.A.</i>
6. Name and Address of Current Registered Agent MULLINGS, CAROL 19835 NW 10TH STREET PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name <i>CAROL Mullings</i> Street Address (P.O. Box Number is Not Acceptable) <i>1532 N.W. 182 way</i> City <i>Pembroke Pines</i> FL Zip Code <i>33029</i>	
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 <i>Carol Mullings</i> <i>CAROL Mullings</i> - 27-2006 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEITA, JENNIFER 19835 NW 10TH STREET PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLINGS, CAROL 19835 NW 10TH STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Carol Mullings</i>		Date: <i>6-27-2006</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

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06232006 Chg-P CR2E034 (11/05)

4. FEI Number 02-0536344 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required