

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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

06-29-2006 90002 030 ***550.00

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06232006 Chg-P CR2E034 (11/05)

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 Images Salon		3. Mailing Address 4183 NW 88th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Surprise		City & State Florida	
Zip 33351	Country U.S.A.	Zip 33351	Country U.S.A.
4. FEI Number 02-0536344		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 CAROL Mullings Street Address (P.O. Box Number is Not Acceptable) 1332 N.W. 182 Way City Pembroke Pines FL Zip Code 33029	
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 Carol Mullings CAROL Mullings - 27-2006 Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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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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: Carol Mullings SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 6-27-2006 Daytime Phone #	