

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000011463

FILED  
Jan 07, 2005  
Secretary of State

**Entity Name:** CONSUMER SUPPORTS ASSOCIATES, INC.

**Current Principal Place of Business:**

7900 NW 27TH NW  
SUITE 240  
MIAMI, FL 33417

**New Principal Place of Business:**

7900 NW 27TH NW  
SUITE 232  
MIAMI, FL 33147

**Current Mailing Address:**

PO BOX 245158  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

**FEI Number:** 03-0374526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIVENS, WILLIE MARY  
6840 N.W. 12TH AVENUE  
MIAMI, FL 33127 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GIVENS, WILLIE MARY  
Address: 1555 SW 109 AVENUE #102  
City-St-Zip: PEMBROKE PINES, FL 33124

Title: SD ( ) Delete  
Name: PEREZ, LIZETTE  
Address: 445 NW 4 ST. #1402  
City-St-Zip: MIAMI, FL 33128

Title: TD ( ) Delete  
Name: MORTIMER, LA FARIES  
Address: 3230 NW 151 TERRACE  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAFARIES MORTIMER

TD

01/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date