

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020124

FILED
Apr 22, 2005
Secretary of State

Entity Name: CITY PHONE BOOK PUBLISHING, INC.

Current Principal Place of Business:

20320 NE 34 CT.
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20320 NE 34 CT.
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 36-4490679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, DAVID
20320 NE 34 CT.
AVENTURA, FL 33180 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: VD () Delete
Name: CALEV, MARK
Address: 1155 BRICKELL AVE. SUITE 907
City-St-Zip: MIAMI, FL 33131

Title: PD () Delete
Name: STERN, MICHAEL
Address: 20320 NE 34 CT.
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: BLOOM, AMIT
Address: 20320 NE 34 CT.
City-St-Zip: AVENTURA, FL 33180

Title: TD () Delete
Name: BLOOM, DAVID
Address: 20320 NE 34 CT.
City-St-Zip: AVENTURA, FL 33180

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:

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: DAVID BLOOM

TD

04/22/2005

Electronic Signature of Signing Officer or Director

Date