

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90008 017 ***150.00

DOCUMENT # P02000023299

1. Entity Name
CNM ASSOCIATES INC



Principal Place of Business
**13018 SW 120 STREET
MIAMI, FL 33186**

Mailing Address
**13018 SW 120 STREET
MIAMI, FL 33186**

54061084



2. Principal Place of Business

11981 SW 144 CT.

3. Mailing Address

11981 SW 144 CT.

Suite, Apt. #, etc.

Suite 111

Suite, Apt. #, etc.

Suite 111

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33186

Country

Zip

33186

Country

06302004

Chg-P

CR2E034 (10/03)

4. FEI Number

27-0003981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MUGFORD, COLIN J
13018 SW 120 STREET
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name

MUGFORD, Colin J.

Street Address (P.O. Box Number is Not Acceptable)

11981 SW 144 CT. Suite 111

City

MIAMI

FL

Zip Code

33186

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

6/30/04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE **P** ☐ Delete
NAME **MUGFORD, COLIN J**
STREET ADDRESS **13018 SW 120 STREET**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **V** ☐ Delete
NAME **MUGFORD, MARITZA H**
STREET ADDRESS **13018 SW 120 STREET**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T** ☒ Change ☐ Addition
NAME **MUGFORD, Colin J.**
STREET ADDRESS **11981 SW 144 CT. Suite 111**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **P/S** ☒ Change ☐ Addition
NAME **MARITZA H. MUGFORD**
STREET ADDRESS **11981 SW 144 CT. Suite 111**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04

Date

305-387-2929

Daytime Phone #