

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028227

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: C P REALTY & MORTGAGE, INC.

## Current Principal Place of Business:

999 BRICKELL AVE  
STE 600  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

999 BRICKELL AVE  
STE 600  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 03-0413910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONNELL, HAROLD L  
11651 SW 72ND PLACE  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

CONNELL, GREGORY  
999 BRICKELL AVE  
STE 600  
MIAMI, FL 33131 US

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: GREGORY CONNELL

04/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CONNELL, HAROLD  
Address: 11651 SW 72ND PLACE  
City-St-Zip: MIAMI, FL 33156

Title: V ( ) Delete  
Name: SIGMUND, BJORVICK B  
Address: 11490 NW 23 ST.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V ( ) Delete  
Name: VARGAS, ENRIQUE  
Address: 9229 SW 87TH AVE., APT. #A-6  
City-St-Zip: MIAMI, FL 33176

Title: STD ( ) Delete  
Name: CONNELL, GREG  
Address: 9229 SW 87TH AVE., APT. #D-5  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CONNELL, HAROLD L  
Address: 999 BRICKELL AVE SUITE 600  
City-St-Zip: MIAMI, FL 33131

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 Chapter 119, 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: HAROLD CONNELL

PD

04/07/2006

Electronic Signature of Signing Officer or Director

Date