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FILED

03 SEP 18 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000062316</b>					
1. Entity Name CTM PROPERTIES, INC.					
Principal Place of Business 5560 N.E. 7TH AVENUE BOCA RATON, FL 33487			Mailing Address 5560 N.E. 7TH AVENUE BOCA RATON, FL 33487		
2. Principal Place of Business			3. Mailing Address <i>6163 Miami Lakes Dr. East</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <i>MIAMI LAKES, FL</i>		
City & State			City & State		
Zip		Country		4. FEI Number	
33014		USA		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HRAWG CORP 1801 MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name <i>Eduard Garcia, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>6163 Miami Lakes Dr. East</i> <i>Miami Lakes, FL 33014</i> City <i>FL</i> Zip Code	
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 <i>[Signature]</i> DATE <i>9/15/03</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$160.00</b> After May 15, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				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 <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <i>Juan C. Caycedo</i> STREET ADDRESS <i>5560 N.E. 7th Avenue</i> CITY-ST-ZIP <i>Boca Raton, FL 33487</i>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>[Signature]</i> DATE <i>9/9/03</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CPR2034 (10/02)

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September 8, 2003

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

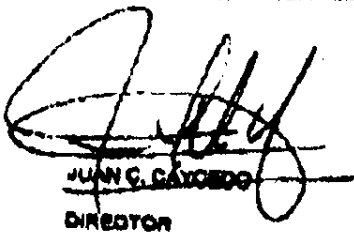
REF: ANNUAL REPORT: YEAR 2003  
CTM PROPERTIES, INC.  
DOC # P02000062316

To Whom It May Concern:

AS PER OUR CONVERSATION, WE NEVER RECEIVED AN ANNUAL REPORT  
DUE TO A WRONG MAILING ADDRESS, PLEASE NOTE THE NEW MAILING  
ADDRESS IN ATTACHED ANNUAL REPORT "MAILING ADDRESS" ON ANNUAL  
REPORT FORM AS PER YOUR INSTRUCTIONS.

WE ARE REPECTFULLY REQUESTING THAT THE DIVISION OF  
CORPORATIONS ACCEPT THE \$ 150.00 IN PAYMENT OF THE ANNUAL  
REPORT AND \$ 8.75 FOR CERTIFICATE OF STATUS AS REQUESTED.  
THANKING YOU IN ADVANCE FOR YOUR UTMOST CONSIDERATION.

Sincerely,

  
JUAN C. CAYCEDO  
DIRECTOR

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