


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90040 010 ***150.00

DOCUMENT # P02000085643

1. Entity Name
 CPHP HOLDINGS, INC.



Principal Place of Business
 55 ALHAMBRA PLAZA, 7TH FLOOR
 CORAL GABLES, FL 33134

Mailing Address
 55 ALHAMBRA PLAZA, 7TH FLOOR
 CORAL GABLES, FL 33134

24041001

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



04092004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
 30-0117876

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ELLIS, PATTI~~
 55 ALHAMBRA PLAZA
 7TH FLOOR
 MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name *Cary Santa Maria*
 Street Address (P.O. Box Number is Not Acceptable)
55 ALHAMBRA PLAZA
7th Floor
 City *Coral Gables* FL Zip Code *33134*

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 *Cary Santa Maria* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE FERNANDEZ, MIGUEL B 55 ALHAMBRA PLAZA 7 FLOOR MIAMI, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ABOOD, JOSEPH P 55 ALHAMBRA PLAZA 7 FLOOR MIAMI, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEO BROWN, FRED W 110 N WESTSHORE BLVD STE 200 TAMPA, FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOEPEL, ROBERT L 55 ALHAMBRA PLAZA 7 FLOOR MIAMI, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIMENEZ, PETER 55 ALHAMBRA PLAZA 7 FLOOR MIAMI, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEBEL , ROGER 55 ALHAMBRA PLAZA 7 FLOOR MIAMI, FL 33134	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-FINANCE 1410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEDEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Fred Brown* **FRED BROWN VP-FINANCE** 4/12/04 (80)829-8318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #